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ABSTRACT

Testimony on the topic of child abuse prevention and treatment is presented in this document. After an opening statement by Representative Patricia Schroeder of Colorado, testimony and supplemental materials by these persons are included: (1) Marilyn Van Derbur, motivational lecturer, Denver, Colorado; (2) Barry Bennett, program manager, innovative treatment programs, division of adult, child, and family services, Iowa Department of Human Resources, Des Moines, Iowa; (3) Cresson Carrasco, parent-infant psychotherapist, community infant project, Mental Health Center of Boulder County, Boulder, Colorado; (4) David Espinoza, executive director, La Causa Day Care Center, Inc., Milwaukee, Wisconsin; (5) Wade Horn, commissioner, Administrator for Children, Youth, and Families, U.S. Department of Human Services, accompanied by David Lloyd, director, National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services, Washington, District of Columbia; (6) Richard D. Krugman, chairperson, U.S. Advisory Board on Child Abuse and Neglect, Denver, Colorado; (7) Nora (J. Baladerian, licensed psychologist, chair, State Task Force on Disability, director, Disability Project of SPECTRUM Institute; (8) George Batsche, National Association of School Psychologists, Silver Spring, Maryland; (9) David Lloyd, director, National Center on Child Abuse and Neglect, Department of Health and Human Services, Washington, District of Columbia; (10) Belva Morrison, director, Indian Child Welfare Program/DIHFS, Denver, Colorado; (11) Steven J. Murphy, director, Hillsdale County, Michigan Department of Social Services; (12) New Beginnings, Integrated Services for Children and Families, San Diego, California; and (13) Milan Rewerts, interim director, Colorado State University cooperative extension child abuse prevention programs. Additional materials, including a statistical fact sheet on child abuse, from Representative Schroeder are included. (LLL)

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CHILD ABUSE PREVENTION AND TREATMENT IN THE 1990s KEEPING OLD PROMISES, MEETING NEW DEMANDS

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HEARING

BEFORE THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES HOUSE OF REPRESENTATIVES

ONE HUNDRED SECOND CONGRESS

SECOND SESSION

HEARING HELD IN DENVER, CO, SEPTEMBER 15, 1991

Printed for the use of the
Select Committee on Children, Youth, and Families

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CHILD ABUSE PREVENTION AND TREATMENT IN THE 1990s: KEEPING OLD PROMISES, MEETING NEW DEMANDS

SUNDAY, SEPTEMBER 15, 1991

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES,
Washington, DC.

The select committee met, pursuant to notice, at 3:30 p.m., in the Grand Ballroom, Colorado Convention Center, Denver, CO.

Members present: Representatives Schroeder and Cramer.

Staff present: Karabelle Pizzigati, staff director; Jill Kagan, deputy staff director; Julie Shroyer, professional staff; and Danielle Madison, minority staff director.

Chairwoman SCHROEDER. If we can bring the hall to order, we would like to convene the meeting of Children, Youth, and Families here today.

I must tell you how very delighted I am to be here in Denver at the Ninth Annual Conference on Child Abuse and Neglect. It is so important, that when I first got elected 20 years ago, child abuse was one of the very first fields I gave my attention to, because of Dr. Kempe, the American Humane Association, all the wonderful people here in Denver, and everyone else who have been focusing on these issues.

Here we are almost 20 years later, and we have done a fairly good job of keeping numbers of how many children have been abused, but we have not done a very good job of really beginning to solve the problem.

So, this is historic. We wanted to bring the Select Committee on Children, Youth, and Families to you to accept the U.S. Advisory Board on Child Abuse and Neglect's report that is coming to us, and, I am very, very pleased that we could be here.

I am also very pleased to have my distinguished colleague from Alabama, Bud Cramer, here. He was on the front line before he got elected and was one of the very few Members of Congress who came to Congress and wanted to be on Children, Youth, and Families. There are just a few of us who really want to get into these issues. Children, Youth, and Families are not power issues.

I think all of you know the statistics, how we really had 100 percent increase in cases since 1980. There has been a rise in deaths that has been very, very distressing. The Federal Government has tended to look at how we just take children out of homes and put them in foster care. That did not seem to be a real solution either. As I said last night, I think part of the problem is we just do not

want to deal with the fact that this is still a part of our culture, and we must deal with it, because you often find the people who have been abused then become abusers, and we must break that cycle.

No one wants to be an abuser. And we like to think of ourselves as human beings who nurture, who write poetry, who care for our young, who tend crops, who are a very unique species on the planet, and dealing with this kind of violation of children is just not something we want to deal with; we want to deny it.

So thank you for all having the courage to be here. Thank you for doing all the work that you do in the vineyard, out there day after day after day, and I want to yield now to my distinguished colleague from Alabama.

I am going to put the rest of my statement in the record, because it contains all the statistics you already know.

[Opening statement of Hon. Patricia Schroeder follows:]

OPENING STATEMENT OF HON. PATRICIA SCHROEDER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF COLORADO AND CHAIRWOMAN, SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

I am delighted to be here at home in Denver and with you today to discuss how we can meaningfully tackle the crisis in child protection and child welfare.

I have long been deeply concerned about these issues. The Child Abuse Prevention and Treatment Act was one of the first bills I introduced when I came to Congress nearly 20 years ago. While I have been encouraged by the increased attention to the plight of abused and neglected children, I am distressed by the conditions facing increasing numbers of children in the nation today.

We know all too well about the millions of children who are abused and neglected each year, and the failures of child protection and child welfare systems to respond. This hearing focuses on how we can move forward and do a better job for our children and our country.

I am especially gratified that we are able to hold this hearing in the midst of all of you who have dedicated your lives to preventing abuse. Our witnesses, drawn from this sea of experts and front-line workers, will share their valuable insights on how to solve this devastating problem.

My colleague, Congressman Bud Cramer, who joins me here, knows the issue well because he has been on the frontline, too, and helped his community and others greatly improve their responses to abused children and their families. Welcome to Denver and thanks.

With passage of the Child Abuse Prevention and Treatment Act of 1974, and its successive amendments and reauthorizations, one would have assumed that the status of abused and neglected children today would have greatly improved.

Unfortunately, resources for the program have remained severely limited. In 1990, there were more than 2.5 million reports of child abuse and neglect, a 31% increase since 1985 and over 100% since 1980. According to the National Committee for the Prevention of Child Abuse, there were more than 1,200 child abuse deaths last year—a 38% increase in fatalities just since 1985. In my own state of Colorado, there were 255 child abuse deaths from 1985 to 1990.

Recent economic downturn and uncertainty, increasing unemployment and poverty rates, and more widespread and pervasive drug abuse are fueling the child abuse crisis. During the 1980s, more than three million children fell into poverty, and the current recession will only incite further economic stress among many more American families—stress that is often the most potent precursor to abuse.

Now more than ever, families need support to prevent the abuse before it occurs. Now more than ever, resources must be directed toward prevention activities that stem the child abuse crisis.

The Select Committee's past and ongoing investigations of troubled children and their families also point to needed changes in children and family services. Over and over again, witnesses describe children and families and agencies in crisis, and service systems that can't keep up. Between 25% and 50% of all child abuse fatalities occur in families that are known to the local child protection agency.

Federal oversight and funding remain weak to nonexistent. Few resources and integrated strategies exist to meet the increasingly complex needs of children. The reality is that most of the services which do exist are uncoordinated, inefficient, and ultimately ineffective. We need to address these inadequacies to better protect our nation's children and families.

This afternoon, we will hear from our witnesses about the role of the Federal Government in response to the national child abuse and neglect emergency, the importance and success of effective prevention and treatment programs, such as home visitor programs and crisis nurseries, and how one state's initiative has reformed service systems and secured better outcomes for families and children.

I wish to extend a special welcome to a member of our community, Marilyn Van Derbur Atler. I can't overstate her courage and contribution to lifting the veil of secrecy about child abuse.

I would also like to extend a warm greeting to another well-respected member of our community and the Director of our very own C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect, Dr. Richard Krugman. Dr. Krugman has served as Chairman of the U.S. Advisory Board on Child Abuse and Neglect for the past two years and will officially release the Advisory Board's second report and share its highlights.

I welcome all of our witnesses today and would like to say for the record how pleased we are to hold our hearing in conjunction with the Ninth Annual Conference on Child Abuse and Neglect. Our special appreciation to the American Humane Association and the C. Henry Kempe National Center for arranging for us to be here. I look forward to a very stimulating hearing that will help us act on old promises and meet the new demands in child abuse prevention and treatment in the 1990s.

Thank you all for coming.

"CHILD ABUSE PREVENTION AND TREATMENT IN THE 1990s: KEEPING OLD PROMISES, MEETING NEW DEMANDS"

FACT SHEET

MILLIONS OF YOUNG CHILDREN ABUSED EACH YEAR

- In 1990, there were more than 2.5 million reports of child abuse, an increase of more than 30% since 1985 and 100% since 1980. (National Committee for Prevention of Child Abuse [NCPCA], 1991)

- Estimates of national child abuse and neglect substantiation rates vary from 35% to 53%. In 1987, there were 700,000 substantiated cases, up from more than 400,000 cases in 1980.[1] (American Association for Protecting Children, 1991)

- A 1990 state survey of child maltreatment indicated that 27% of reported abuse cases were due to physical abuse, 46% to neglect, 15% to sexual abuse, and 13% to emotional maltreatment or other (abandonment and dependency). (NCPCA, 1991)

- In 26 of the responding states, an average of 95% of the victims knew their perpetrators. Less than 2% of reported abuse cases took place in a foster care or child care setting. (NCPCA, 1991)

CHILD ABUSE INCREASINGLY CLAIMS THE LIVES OF VERY YOUNG CHILDREN

- In 1990, an estimated 1,211 children from 39 states died from abuse or neglect, a 38% increase nationwide since 1985. Almost 90% of children who died as a result of abuse or neglect were under age 5; 53% were infants under age one. (NCPCA, 1991)

- Homicide as a cause of children's death in the Western world is almost uniquely a U.S. phenomenon. In the U.S., homicide is the leading cause of death from injury before age one. Among boys ages 1 to 4, the homicide rate (2.6 deaths per 100,000 children) is more than twice the highest rate in Europe (1.2 in Belgium). (Miller, 1991)

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[1] "Substantiated case" implies a degree of certainty that a child involved is at-risk and, in many states, that some level of intervention is warranted in the child's behalf.

COLORADO CHILDREN SUFFER HIGH RATES OF ABUSE

- In 1989, there were 7,224 confirmed victims of child abuse and neglect in Colorado, a decrease of 4% from the previous year. Between 1987 and 1988, however, child abuse reports increased 24%. Of confirmed reports, 36% were due to physical abuse, 37% to neglect, and 27% to sexual abuse. From 1985 to 1990, there were 255 child abuse fatalities. (Colorado Police Academy Team on Families and Children at Risk [CPAT], October, 1990)

- In 1989, of the 11,342 children and adolescents served by Colorado's public mental health system, 69% had been physically abused and 49% had been sexually abused. (CPAT, 1990)

WITH LIMITED PREVENTION RESOURCES, SYSTEMS OVERWHELMED; OUT-OF-HOME PLACEMENTS SOAR

- From the start of 1986 to the end of 1991, there was a 49% increase in out-of-home placements, from 273,000 to 407,000.[2] In 1988, minority children constituted 46% of those placed out-of-home. (American Public Welfare Association, 1991)

- Between 25% and 50% of all child abuse fatalities occur in families that are known to the local child protection agency. (Martinez, 1986)

- Federal funding for foster care increased almost 600% between 1981 and 1991, while funds for prevention rose only 78%. (Department of Health and Human Services, 1991)

- In 1990, nearly six out of ten states experienced a decrease or no change in funding for child protection services. (NCPCA, 1991)

DRUG AND ALCOHOL ABUSE FUEL THE CHILD ABUSE CRISIS

- In a 50-state survey of child services personnel, 55% of the respondents stated that substance abuse was a primary cause for the increase in child abuse. (NCPCA, 1991)

- According to a 1990 Pennsylvania study of parents who neglected their children, 30% stated that someone in their home had a drug

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[2] Out-of-home placements include family foster care, group homes, child care facilities, and emergency shelter care.

or alcohol problem in the last three years; 28% of the parents had been assessed as having substance abuse problems at the time of intake. (National Resource Center on Family Based Services [NRC], 1990)

- In a 1989 study of African-American children in foster care, drug abuse was listed as a contributing factor in 36% of the placements. (National Black Child Development Institute, 1989)

LONG-TERM EFFECTS OF ABUSE IMPEDE ADULT WELL-BEING

- In one study, 67% of alcoholic women reported that they had been victims of sexual abuse during childhood compared with 28% of matched controls. (Miller, et al., 1987)

- In a recent Pennsylvania survey of chronically neglectful parents, 31.5% reported that they had been "beaten hard" as a child. (NRC, 1990)

PREVENTION WORKS AND SAVES MONEY

- In FY 89-90, Hawaii's statewide home visitation program reached 1,829 families at an estimated cost of $2,200 per family (may include more than one child). In contrast, the average cost of one child in protective services is $12,602 per year. There were virtually no reports of child abuse and neglect among participating families, and child abuse reports statewide declined more than 35% from 1987-1990. (Hawaii Department of Health, 1991; NCPCA, 1991)

- In Oregon, 10% of all children in families with teen parents (900) were abused. If these families had been served by the Oregon Children's Trust Fund Teen Programs, which include home visiting, parenting classes, and support groups, it is projected that only 2% would have been abused or neglected. From 1989-90, the total number of child abuse reports in the state fell 5%. (Oregon Children's Trust Fund, 1991)

- In Iowa, those counties which had crisis nurseries experienced a 13% decline in child abuse reports while reports remained constant in counties without the nurseries. Crisis nurseries provide temporary care for children when they are at-risk of abuse or neglect and are open 24-hours a day, 7-days a week. (Horn, 1991)

Chairwoman SCHROEDER. We have more important things to do here, but I really want to say to him thank you for coming to Denver and thank you for your long interest.

Mr. CRAMER. Thank you. Thank you, Madam Chair, and I would like to say somewhat briefly that I am delighted to be able to be here with you in a slightly different capacity.

I was elected to Congress because I am a child advocate. Prior to being elected to Congress I was the elected District Attorney in Huntsville, Alabama for 10 years, and I struggled as a DA with child victims and their situations and saw the re-victimization that the system imposed on those child victims. We reached out for help. We came to Washington, we came to Denver to the Kempe Center, we went to Seattle to visit Lucy Berliner at Children's Hospital in Washington where David Lloyd was then. So, I am speaking to many of my colleagues in the field that have helped me.

Our program there in Huntsville, the Childrens Advocacy Center, that has been the National Resource Center for Child Sexual Abuse, was born as a demonstration project of NCCAN. We went to NCCAN, sat down with their staff, got helping hands, learned to write a grant, wrote the grant and got the money that started our program. And we may be one of the more successful NCCAN demonstration projects. There are now some 70 programs patterned after ours that are located all over the country, and many of those people are here today.

So I am delighted that I can carry a voice from the field into Congress, and I look forward to the testimony here today and look forward to asking some questions as well.

Thank you, Madam Chair.

Chairwoman SCHROEDER. And I cannot tell him how desperately we need that voice from the field in the Congress, because it is one of the things that the Congress tends to want to overlook. So it is wonderful.

Let me thank all of the people in Denver who helped put this conference together, the Kempe Center and the social workers who have been so wonderful, the American Humane Association and everyone else. You have done a great job.

And now let me call the very distinguished panel that we have up first to the podium. First, we have Marilyn Van Derbur Atler, who is a motivational lecturer, an incest survivor from Denver, Colorado. A very courageous woman who comes from the Miss America Pageant last night. I don't know how she has turned around that fast, but she has. So, Marilyn, we are very happy to have you. Next we have Wade Horn. Dr. Wade Horn is the Commissioner and Administrator for Children, Youth and Families, the United States Department of Health and Human Services. Many of you heard him last night, and we are happy to have him here. He is accompanied by David Lloyd, who is the Director of the National Center on Child Abuse and Neglect.

And then we have Denver's own Richard Krugman, M.D., one of the great, fabulous people who is the chairperson of the Advisory Board of Child Abuse and Neglect. He is the one who got this whole document together with many of you who worked very, very hard on it. He wears too many hats, I don't know which one to point out. But we are very proud of him as the Director of the

Henry Kempe National Center for the Prevention of Treatment of Child Abuse and Neglect in Denver, Colorado.

If all of you would take your seats, we welcome you and are delighted to have you this afternoon.

Anyway, we are absolutely delighted to have you here. We will put your entire statements in the record, so you can summarize or do whatever you would like to.

We also have Howard Davidson. Excuse me, Howard. I am sorry. Who is the new Advisory Board Chairperson, and we are very, very pleased to have you joining us this morning. I was reading off the wrong song sheet.

Welcome to all of you. And, Marilyn, I cannot tell you what a hero you are to all of us in Denver, and I thank you for being here.

STATEMENT OF MARILYN VAN DERBUR ATLER, MOTIVATIONAL LECTURER, DENVER, CO

Ms. VAN DERBUR ATLER. Chairwoman Schroeder, Congressman Cramer, Dr. Krugman, who is our national spokesman, after reading my testimony, said that he would yield all but a minute and a half of his time to me. I was very touched and honored by that, and I did accept and agree.

My name is Marilyn Van Derbur Atler. I am an incest survivor from age five to age 18. Every day and every night of my life has been dramatically impacted by incest.

It would not be possible to know or understand me unless you knew about the sexual violations I endured. Many people call it child abuse. I call it what it is, child rape. To say I was abused is to demean and diminish the traumas I experienced.

In order to stop the sexual violations of children, we need to know that it is happening. Children have to tell us; but, children don't tell, because they know no one will believe them or stand up to their violator, or because they are terrorized. Usually, as in my case, because of all three reasons.

I wasn't afraid of my father. I was terrified of him. When I was four, my father was beating my oldest sister, Gwen; my sisters were six, eight and ten. My mother cried out, "Van, you're going to kill her." I am sure I believed he was going to kill her.

At about the same age, one of us took a flashlight apart. When no one would admit to having done it, he began knocking our heads together, cracking our foreheads together two at a time until a sister sobbed, "I did it, Daddy." When he left, she sobbed to mother, "I didn't do it, but I knew he wouldn't stop hitting us until one of us admitted to it."

When I was seven, Gwen was 13 and ready to start 9th grade. Because she was defiant to my mother, my father sent her to a Catholic boarding school in Kansas City. He would then take her to the Muehlebach Hotel for weekends.

(This is so hard for me to do. This is my family, and I love my family. But I know, unless we begin speaking out, nothing will ever change for the children.)

I learned as a small child that if you defy, you get beaten up and sent away. I was so terrorized by age five or six, I split into a day child and a night child, so that only my night child would have to

endure being pried open and violated. My day child lived in a happy, imaginary world that she created in her mind. Until I was 24, my day child had no conscious knowledge of my night child.

Most children believe that if they do tell, they will not be believed. Are they justified in believing that? I was 48 years old when I told my mother. She said, "I don't believe you. It's in your fantasy." If she wouldn't believe me, an adult, with my father dead, what chance did I have with my father alive, powerful, intimidating and in charge?

In 1985, my mother was forced to believe me only when my sister, Gwen, also came forward. Without her validating me, I would have been labeled mentally unstable, suffering from childhood fantasies.

Most children are terrified of what would happen to them if they told. I only spoke to my father about it once. I was 40 years old. When he realized why I was there, he excused himself and went upstairs. When he returned, I knew he had a gun in his pocket. Before I left, he pulled out the gun and said, "If you had come in any other way, I would have killed myself." I understood "any other way" to mean if you had come to expose me. I was an adult when he said this to me. What do you think he would have done to me as a child?

My life was traumatized by incest. But if I had told, I believe I would have been institutionalized or he or I or both of us would have died. If you think these are bizarre comments, you have never lived in an incest family. Terror reins. Not fear, terror.

The nights were so frightening to me that at age 54, after hundreds and hundreds of hours of therapy, I am still unable to fall asleep without medication. Until I was 51, I had night terrors. I learned that sleep is too dangerous a state. Sleep is when a man can do anything he wants to you, and you have no power. If I had told, I guarantee you I would have run right back and said, "I lied. I made it up. It isn't true." So frightened would I have been of my father and so unprotected would I have been by my mother.

Would society have believed me as a child?

Three days after my story became public last May, Gwen came forward to say that she was also an incest survivor. Later that day, a woman said, "Thank you for what you're doing. I'm so glad your sister came forward this morning. You know, yesterday on the radio they were talking about you and a man called in and said, Why should we believe her?" And she said, "Now that your sister has come forward, they will have to believe you." I was too stunned to respond. If they wouldn't believe me at age 53, who, dear God, will believe a child?

It is disheartening for me to state this, but I believe nothing would be different for me today if I were a child, than it was for me in the 1940's.

If I believe the outlook is this bleak for children, then what can be done? Dr. Krugman has stated we have a national emergency. But we cannot expect a national outcry until America understands the pervasiveness of the problem and the extent of the damage that occurs when a child is sexually violated. This means that adults need to pour forth by the millions, literally by the millions,

and talk about the long term effects. But adults will not begin to speak until they know they will be believed and not blamed.

A close friend of mine said, "why did you want to destroy your father's reputation? You should have done it anonymously." Other survivors are met with, "your poor mother. This must have been devastating for her." Too often, the victim is blamed. We cannot expect children to tell until we adults have had the courage to speak up and educate and make the path easier for children.

I believed if I came forward, my 30-year career would be ended and I would be looked upon with disgust and disdain. The fact that society cannot understand why I believed that for 53 years only underscores how little is understood about what happens to a mind and soul when a young body is invaded and violated; when her soul is murdered. Our belief systems are shattered. We learn that we are dirty, ugly, unacceptable, unlovable and guilty.

How long does this belief system last? A woman, 71, wrote to me. "I am a widow after 46 years of marriage. I never told my husband. I never thought he would understand. Every time he got close to me, I'd get flashbacks, but I was too ashamed and embarrassed to speak about it."

A woman, 73, wrote to me. "After reading your article, I picked up the phone and told my best friend. It was the first time I had ever told anyone. I sobbed all day. Tonight I have never felt so emotionally exhausted or as peaceful."

When at age 24 I told the young man, Larry, I had loved for nine years, I believed he would never want to see me again. When I told my 13-year-old daughter, I believed she would never want me to be her mother again. We, the victims, carry the pain and the shame.

The almost 2,000 letters I have received tell me that most, certainly over 90 percent, have never reported it. What is even more shocking is that most have never even told their families.

A woman in Boston wrote to me, "I'm 45. I've been in therapy for six years. I still haven't told any member of my family." If 73- and 71- and 45-year-old women still cannot speak of it, can we expect a child still living with the violator, to speak of it? But only when society understands the lifetime of pain that can be caused by one or two sexual violations, or 10 to 15 years of sexual violations, will people begin to demand that the sexual violations of children must stop now.

How do we educate? The same way we started to change the drinking and driving habits of Americans. "Don't drink and drive." "Buckle up." "Use a designated driver." Public service announcements.

"My name is Becky Smith. I was nine when my brother sexually violated me. He was 15. By the time I was a teenager, I had gained 50 pounds, tried to kill myself three times, and finally dropped out of school. Never violate a child. Please. Never violate a child."

"My name is John Raymond. My father violated me as a child. He knew I would never tell. He was wrong."

Public service announcements will help society understand how a violation at age eight can cause a suicide attempt at age 48. They will let incest survivors know that they are not alone and that it is finally okay to speak about it. When I spoke to my first survivor's meeting in May, we expected 10 survivors to contact our new adult

survivor program at the Kempe National Center. Within two weeks we had over 900 survivors in the greater Denver area. They had called Kempe and had left their names and addresses.

Imagine the impact that public service announcements could have. PSAs would tell perpetrators that they can never again use an excuse to invade a child. "I wanted to teach her" or "she enjoyed it,' or, as my father said, "if I had known what it would do to you, I never would have done it."

We will tell perpetrators to stop what they are doing tonight or suffer dire consequences tomorrow. We will look them right in the eye and say, "Secrets will never again protect you. Your child may not speak your name today, but some day your child will speak your name."

P.S.A.s would sensitize legislatures, judges, attorneys about the long-term effects. Sentences would be stiffer just as they became stiffer when MADD began demanding that drunk drivers be held accountable for their actions.

And finally, we must speak to the children.

"My name is Julie Jamieson. I was sexually violated repeatedly by my grandfather from age 8 to age 14. If you are a child being violated, I want you to know that I and other survivors are finally finding the courage to talk about incest. We know what it is like to feel alone and scared. As we gather our strength, we will find better ways to protect you. You are not alone anymore."

The PSAs would support children, validate survivors, intimidate, and hopefully even begin to stop perpetrators, and educate the general public. It is only one part of the educational process, but a most critical part.

Only when society is convinced that this is a national emergency, a national epidemic, will we begin to turn the tide of rampant sexual child assaults.

And lastly, we need to re-write one of the 10 commandments; "Honor your children and they, in turn, will honor you."

PREPARED STATEMENT OF MARILYN VAN DERBUR ATLER, MOTIVATIONAL LECTURER, DENVER, CO

My name is Marilyn Van Derbur Atler. I was an incest victim from age 5 to age 18. I am now a 54 year old incest survivor. Every day and night of my life have been dramatically impacted by incest.

It would not be possible to know or understand me unless you knew about the sexual violations I endured as a child and as a teenager. Many people would call it "child abuse". I find those words misleading and understated. I call it what it IS, child rape! By legal definition, I was raped as a child from age 5 to age 18. To say I was "abused" as a child is to demean and diminish the experiences I endured.

I have been asked to write about my experiences and address prevention and treatment and how I view a child's options in the 1990's as contrasted to when I was a child in the 1940's.

In order to stop the sexual violations of children, we need to know that it is happening. Children have to tell us. It would be rare, indeed, for any other family member to tell.

But children don't tell because they don't perceive there is anyone who will believe them, or because they know no one will stand up to their violator, or because they are terrorized. Usually, as in my case, because of all three reasons.

I wasn't afraid of my father, I was terrified of him. When I was about 4, my father was beating my 10 year old, oldest sister, Gwen. My mother cried out, "Van, you're going to kill her." I'm sure I believed my mother...that he WAS going to kill her.

At about the same age, one of us took a flashlight apart. When he found out and no one would admit to having done it, he began knocking our heads together - cracking them together until a sister cried out, "I did it, Daddy." When he left, she sobbed to mother: "I didn't do it but I knew he wouldn't stop hitting us until one of us admitted to it." (I am the youngest of four daughters.)

When I was 7, Gwen was 13 and ready to start 9th grade. Because she was defiant to my mother, my father sent her to a Catholic boarding school in Kansas City. I learned only recently that he would then take her to the Muehlebach Hotel for weekends.

When my father died in 1984 and my sister and I returned to the

home in which we grew up, I asked Gwen: "Did he hit us often?" (At that time, I had very few memories of my childhood.) She said: "There was a stick above every door"...and she turned and pointed to the ledge above the door frame. The blood drained from her face. She said, "Oh, my God, it's still there." And she stretched and lifted down a three foot wooden dowel that he used to hit us.

I learned as a very small child that if you defy, you get beaten and sent away. I was so terrorized that by age 5 or 6, I split into a day child and a night child so that only my night child would have to endure being pried open and violated. My day child lived in a happy, carefree, imaginary world that she created. Until I was 24, my day child had no conscious knowledge of my night child.

I, like so many incest victims, dissociated, i.e. disconnected my conscious awareness of what was happening to my body. Survivors often say "I took my head off of my body."

Children don't tell because they are threatened, beaten, terrorized, traumatized. That's why children don't tell! Most children know that if they DO tell, they will not be believed. Are they justified in believing that?

I was 48 years old when I told my mother. She said, "I don't believe you. It's in your fantasy." If she wouldn't believe me, an adult, with my father dead, what chance would I have had that she would have believed me with my father alive, powerful, intimidating and in charge?

In 1985, my mother was forced to believe me ONLY when my sister, Gwen, came forward to validate my 13 years of incest, with her 10 years of incest. Without her validating me, I would have been labeled "mentally unstable...suffering from childhood fantasies".

Most children are terrified of what the consequences will be if they tell. Was I justified in feeling terror? I only spoke to my father about it once. I was 40 years old and I had been hospitalized for the better part of three months with paralysis. I didn't know, at that time, that the paralysis was being caused by memories starting to come up. The traumatic memories and my subconscious terror of facing them put my body into paralysis. While in the hospital, I had a recurring daydream of my father in a casket. I was standing over him saying, "Too late. Too late. You died and we never spoke of it." I knew that, when I was able, I would have to speak with him about it.

When I asked to talk with him privately and he realized WHY I was there, he excused himself and went upstairs to his room. When he returned, I knew he had a gun in his pocket. After talking with him, he pulled out the gun and said, "If you had come in any other way, I would have killed myself." I understood "any other way" to

mean: if you had come to expose me.

I was 40 when he said this to me. What do you think he would have said to me as a child?

If I had told a teacher who told social services who told the police who came over to take my father in for questioning, would that have been the best thing for me? There is NO QUESTION in my mind that I would have endured ever more severe consequences if I had told than I did by remaining silent. My life was traumatized by incest but, in my opinion, I would have been institutionalized or he or I, or both of us, would have died.

If you think these are bizarre comments, you have never lived in an incest family. Terror reigns. Not fear, terror.

The nights were so frightening to me that at age 54, after hundreds and hundreds of hours of therapy, I am still unable to fall asleep without medication. Sleep is too dangerous a state. Sleep is when a man can do anything to you that he wants and you have no power.

Years of hypnosis, acupuncture, acupressure, hypnotherapy, rolfing, deep massage, sessions with psychologists, psychiatrists - nothing can ease the deep seated terror I had as a child, the terror of the night.

If I had told, I guarantee you I would have run back to the lawyer or the judge and said "I lied. I lied. I made it up. It isn't true." So frightened would I have been of my father and so unprotected would I have been by my mother that I would have done anything to avoid the consequences.

I know a little girl who did tell. In Denver. Three years ago. I will always be in awe of her courage.

She was 8. I have known her all her life. Two years ago, she took a cassette to school and asked her teacher to listen to it. The next day the little girl waited but the teacher had forgotten to listen to it. She forgot the next day, too. Finally, on the third day, she turned the cassette on and heard a child screaming and screaming and screaming. The child, "Sandy", had recorded the screams of her younger sister being beaten.

The cassette was given to the principal who gave it to social services. The five children were picked up immediately after school. The father was picked up when he returned from work. Within a few hours, the children were released to their father and mother. When her mother saw Sandy, she said, "Look what you have done to our family." That was in October. The hearing was set for July. The charges were dropped.

Did telling save her? Did the system protect her? Do I want you

to know her real name so that you can be sure the system works for her? No. I don't want the system to traumatize her again. She will NEVER speak up again. Well meaning adults re-victimized her. The system re-victimized her. She knows her parents have all the power and there is no one to help her or hear her.
I'm not saying that there aren't dedicated people who are devoting their lives to making things better for children. Child advocates, social service workers, school counselors...I KNOW there are dedicated people. It's just that no matter WHAT choices a child is given, almost always, she remains the victim.

The charges are dropped and she is left in the home with her parents and is more terrorized than before.

Or she is taken away from her brothers and sisters, her parents, her neighborhood, her school, her friends, her pets - everything, and she is placed in a home with people she knows nothing about - people we HOPE will be kind and loving to her.

Or the father is found guilty and sent to jail. The mother and other family members then turn to the child and say "Look what you have done to our family. We are shamed. We have no income. Look what you have done."

I'm sure there are other scenarios but no matter what happens, if the child speaks up and the authorities are brought in, which our laws REQUIRE, the CHILD has devastated the family. The child is to blame.

It would be the rare mother, indeed, who would say "Oh, I'm so grateful you came forward." I'm sure those mothers exist but I haven't met them. An incest family is a dysfunctional family.

Would SOCIETY have believed me as a child? Let me give you an indication by telling you what happened only three days after my story became public on May 9, 1991. I was back on the front page of the paper again because my oldest sister, Gwen, came forward to say that she was an incest victim from age 8 to 18.

My husband and I were jogging around the track later that morning when a woman stopped me and said, "Thank you for what you are doing. I'm so glad your sister came forward this morning. It was so important." I asked, "Why?" She said, "Because yesterday on one of our most popular radio talk shows, they were talking about you and a man called in and said 'Why should we believe her?' Now people will HAVE to believe you!" I was too stunned to respond. For thirty years, I have been one of the outstanding women in our state. I have excelled in athletics, academics, and in my television and speaking careers.

If they weren't going to believe ME, at age 53, who, dear G-d, would believe a CHILD? Who would believe a child whose father was

one of the pillars of the community? A man who had been so outstanding and honored that his obituary was on the front page of the paper?

IT IS DISHEARTENING FOR ME TO STATE THAT FOR ME, IN MY FAMILY, I BELIEVE NOTHING WOULD BE DIFFERENT IF I WERE A CHILD TODAY THAN IT WAS FOR ME IN THE 1940'S.

If I believe the outlook is bleak for children, then, what can be done?

Dr. Richard Krugman, Chairperson of the U. S. Advisory Board on Child Abuse and Neglect and Director of The C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect, has stated many times that "we have a national emergency." I know that is true. I believe we can't expect a national outcry until America understands the PERVASIVENESS of the problem and the EXTENT OF THE DAMAGE that occurs when a child is sexually violated.

This means that adults need to pour forth by the millions, literally, by the millions, and talk about the long term effects: how sexual violations at age 5 or 7 or 15 have affected every aspect of their lives...for decades.

We survivors are constantly reminded of our communities' lack of understanding. As long as these questions continue to be routinely asked, we KNOW they do not understand:

> "Why didn't you tell?"
>
> "Why can't you get on with your life? It happened so long ago."
>
> "What do you mean, you can't remember? It either happened or it didn't happen."

But adults will not begin to pour forth until they believe it is SAFE. Until they know they will be believed and not judged.

I believed if I came forward, my life, as I knew it, would be over. I would be able to talk to other survivors but my 30 year career would be ended and I would be looked at with disgust and disdain.

The fact that society can't understand WHY I believed that for 53 years, only underscores how little is understood about what happens to a mind and a soul when a young body is invaded and violated...when her soul is murdered. Our belief systems are shattered. We learn that we are dirty, ugly, unacceptable, unlovable, and guilty.

How long does this belief system last? This week I received a letter from a woman 71 years old. It is typical of the belief

system of an incest survivor. She wrote: "I am a widow now after 46 years of marriage. I never told my husband. I never thought he would understand and it sure did affect me. Every time my husband got close to me, I'd get flashbacks. I was too ashamed and embarrassed to speak to him about my feelings."

How long do we hold in our secrets? Too long. A woman 73, read my story in her local newspaper in Santa Barbara, California. She wrote: "I picked up the phone and told my best friend. It was the first time I had ever told anyone. I sobbed all day. Tonight, I have never felt so emotionally exhausted or as peaceful."

Do we, the victims, feel guilty and shamed? When my youth minister, D. D. Harvey, uncovered my secret when I was 24, he insisted that I tell the boy I had loved with all my heart since I was 15. I believe he would never want to see me again. When I told my precious 13 year old daughter, Jennifer, I believed she would never want me to be her mother anymore. We carry the pain and the shame.

A woman from Iowa recently wrote me: "I have read and re-read the article about you in PEOPLE magazine. Every time I read it I cry. Like you, I had no memory of my 'night child' until I was 50 years old. And I still can't tell anyone because even though I know better, 'It's all my fault.' The secrecy that is built into incest is so hard to overcome. Why should I protect that dreadful abuser? But I do. Secrecy is so ingrained in me that when I bought the PEOPLE magazine, I hid it and showed it only to my therapist. When I discovered a page was missing from the xerox I had made for myself, I made a copy at the public library but hid the cover of the magazine and waited until there were no other people at the xerox machine. I felt as furtive and defensive as if I had gone to xerox a pornographic magazine..."

The secret of incest is held too long within our bodies and our souls. The almost 2,000 letters I have received these past weeks from incest survivors, tell me that most - I would estimate over 90% - have never reported the sexual violations. What is even more shocking is that most have never even told their own families!

A woman in Boston wrote: "I am 45 years old and have been in therapy for 6 years. I still have not told any of my family."

If 73 and 71 and 45 year old women still cannot speak of it, can we expect a child still living with the violator to speak of it? We cannot turn to the children and ask them to speak if we haven't role modelled for them over and over and over again.

Only when society understands the LIFETIME of pain that can be caused by one or two sexual violations or 10 to 15 YEARS of violations, will society KNOW that the sexual violations of children MUST STOP!

The first way to make major changes, in my view, is to make it safer and more acceptable for survivors to come forward and tell their stories. As a woman in San Francisco wrote: "We are watching you and we are stunned at the positive responses you have been getting." I believe she is "stunned" because other survivors who have come forward were judged harshly.

Betsy Petersen, an incest survivor, has just published her autobiography entitled "Dancing with Daddy". It was reviewed on August 4, 1991, in the Los Angeles Times Book Review section. The review states:

> "Somehow I imagine that the experience of reading "Dancing with Daddy" is like watching open heart surgery on a stranger. It pushes the boundaries of comprehension - all the while, you can't help but feel that what you've witnessed is too personal to be made public. Petersen certainly isn't the first, no, sadly will she be the last, to write an account of childhood sexual abuse...The awkward question is what this revealing memoir means for the rest of us. Was Petersen's rage so deep that only an exorcism in front of an audience would purge it?"

Contrast that with when Jill Ireland wrote of her battle with breast cancer, a book reviewer wrote that it was a "stirring personal testimony."

Too often, an incest survivor is criticized, not respected, when he/she shares a lifetime of pain so that society might understand what society definitely and absolutely does NOT understand - how a LIFE can be devastated by even ONE sexual assault as a child or teenager.

As we begin coming forward one by one, others are watching to see if we are accepted or condemned. I will be forever grateful that the Denver media was sensitive and compassionate as my story unfolded. But a close friend of mine said, "Why did you want to destroy your father's reputation? You should have done it anonymously." Other survivors are met with "Your poor mother. This must have been devastating for her." The victim is blamed.

We cannot expect children to speak up until adults have had the courage to speak up and make the path easier and safer for them.

Another reason why we must educate America is so that perpetrators can never, NEVER use any excuse to invade a child. "I wanted to teach her." or "She enjoyed it." Or, as my father said to me, "If I had known what it would do to you, I never would have done it." I was 40 years old when he said that to me. It was the only time we ever spoke of it. Let no violator ever take comfort in that vicious excuse. Let no 76 year old man or 15 year old teenager ever again be able to say "I didn't know what harm it would do."

We must educate every man, woman and child about the long term effects of the sexual violations of children and state clearly and concisely why a child must NEVER be violated.

How do we do this? The same way we started to change the drinking and driving habits of Americans: with slogans and facts..."Don't Drink and Drive," "Buckle Up," "Use a designated driver." Education was done in the schools, through print media and through public service announcements.

I believe public service announcements are the most powerful way to communicate with the largest and most diverse social and economic groups. We need to drive home slogans like "Never violate a child. Please. Never violate a child." We need to hear how survivors' lives were devastated by childhood sexual violations. Public announcements like:

> "My name is Becky Smith. I was 9 when my brother sexually violated me. He was 15. By the time I was a teenager, I had gained 50 pounds, tried to kill myself three times and finally dropped out of school. NEVER VIOLATE A CHILD. PLEASE. NEVER VIOLATE A CHILD."
>
> "My name is Marilyn Van Derbur Atler. My father sexually violated me from age 5 to age 18. One of the long term effects is that I have never fallen asleep naturally. I either lie awake all night or I take a sleeping medication. Even with a sleeping medication, I had night terrors until I was 51. NEVER VIOLATE A CHILD. PLEASE. NEVER VIOLATE A CHILD."
>
> "My name is John Raymond. My cousin sexually violated me when I was a child. I was 45 before I could tell anyone. I wish I had the courage to talk about it years ago. If you have been violated, join with other survivors as we role model for children who will be violated this very night. We need to stand up and speak our names - one by one. Let's make the children's path easier than ours has been. Let's do it for the children."
>
> "My name is Katherine Ann Simpson. My father violated me as a child. He knew I would never tell. He was wrong."

Moreover, these public service announcements will:

1. Help society understand how a violation at age 8 can cause a suicide attempt at age 48...how flashbacks at age 54 can be a result of an assault at age 14.

2. Let incest survivors know that they are not alone and that it is finally OK to speak about it. They will encourage survivors to disgorge the shame and humiliation that they have

lived with as they see others speak of the incest or rape without shame...finally the shame will be properly placed on the perpetrator.

> A woman in California wrote: "I began therapy when I was 47 after being diagnosed with an ulcer and suffering with migraines for years along with being hooked on Darvon for pain. After about a year in therapy, to my horror, I discovered incest. My greatest fear was that my husband would abandon me if he learned the truth about me. This year (at age 49) I finally got the courage to talk to my husband and he hasn't abandoned me."

If two magazine articles about me and a few television interviews with me have brought forth so many thousands of survivors saying they have been given hope; they feel less shame; they feel more courageous about breaking their silence; they have gained the courage to begin therapy...if limited exposure can bring forth these actions, these dramatic changes, imagine what public service announcements would do.

Most survivors cannot afford the years of therapy needed to cope with sexual abuse. PSA's can bring about major changes just by educating their families and friends as to WHY they are so overwhelmed with intense pain. Just having people UNDERSTAND can make a major difference in the lives of the victims. PSA's can tell the violators what the victims are not able to say: "What you did to me as a child has traumatized my entire life."

If I had known that my father was watching the same TV show I was and that he had seen a PSA telling him how violently he had murdered my soul, it would have done what 50 sessions with a psychiatrist could not have done, CONFRONT MY FATHER WITH THE TRUTH!...forcing him to see what he had done to too many lives. There is incredible healing in that for an incest victim.

3. Make perpetrators think twice before they quietly turn the doorknob to enter a child's room and body.

4. Let violators know that they must get help today or suffer dire consequences tomorrow. We are no longer going to allow secrets to protect them. Although they terrorize a child tonight, someday, that child will speak their name. The most important sentence that was written to me was by a woman who began her letter by saying, "Oh, Marilyn, perpetrators are not sleeping as peacefully tonight because of you!"

5. Finally, we need to let the children know they are in our hearts and are not as isolated and alone as they constantly

feel. A PSA could say:

> "My name is Julie Jamieson. I was sexually violated by my grandfather from age 8 to age 14. If you are a child being violated by a brother, cousin, grandfather - yes, even mother, I want you to know that I, and other survivors, are finally finding the courage to talk about incest. We know what it's like to feel alone and scared. I'm sorry if this is happening to you. As we gather our strength, we will try to find better ways to protect you. We will try to stop adults from hurting you. You are not alone anymore."

Hundreds of letters poured in from survivors after my story was in PEOPLE magazine saying "I sent your article to my family members so they could finally understand what I have been going through."

The most important phone call I received was from a woman who said, "I confronted my father some years ago. He hasn't spoken to me since them. He picked up the PEOPLE magazine article, read it, and then picked up the phone and said, "Let's talk!"

We must SELL the American public vividly and relentlessly before we can stem the tide of the sexual violations of children. PSA's would sensitize legislators, judges, attorneys...all of us, about the long term effects. Sentences would be "stiffer" just as they became "stiffer" when MADD began demanding that drunk drivers be held accountable for their actions. Society would begin to understand that it is normal for children who have been sexually violated at young ages not to remember - to "dissociate" - to repress, as I did, all conscious knowledge of childhood traumas for years.

My repressed feelings and memories began coming up when I was 39. Of the almost 2,000 letters I have received, MOST survivors were between the ages of 35 and 50 when their childhood pain began to bubble up. Once the "recovery" process begins, it is rare that the memories can be pushed down again. The bubbles turn into a geyser, a vomiting up of overwhelming despair. Most of us go through years of pain so devastating that, many days, we think we cannot survive.

A 37 year old woman from Louisiana wrote:

> "I am a victim of sexual abuse by my father...until 2 years ago, it was something I would not allow myself to think about much less talk about. From then until this day, it's like a demon that chases my being day and night. The horrors of what

> happened seem to be taking control of me. I feel myself changing so fast I can't keep up and I'm scared. I feel so alone
>
> "I feel as if I don't have a heart or a soul... The only person I've ever told is my sister. He did it to her, too. She's an alcoholic and a drug user. She's a good person but that's her way of dealing with it. Suicide has been a constant thing on my mind. The love I have for my 10 year old son keeps me from it but eventually, I'm afraid even that won't be enough to stop me."

She is in recovery. Every aspect of her life is affected - her ability to mother, to keep a job, her marriage relationship, her relationship to everyone in her life.

We can give this woman as much support as she would receive in weeks of therapy if we had public service announcements educating society.

I spent MONTHS anguishing because my family and friends just couldn't understand why what happened to me when I was 9 was shutting my life down when I was 49. Their inability to understand only increased my despair.

Only in the speaking of it do we have any HOPE of breaking the cycle of violence in our families. A woman incest survivor from a prominent family in Los Angeles cam forward recently ONLY when she found out her father was violating one of her children. She could not speak up for herself. She found the courage to say NO MORE! NO MORE! when she found her child had been pried open as she had been.

No healing can begin until we break our silence. Only in speaking of it does the process <u>begin</u>. No surgeon can cut us open and mend our hearts or our souls. No laser can focus healing on our shattered trust. No pills can take away our misplaced shame or our feelings of guilt. As long as we remain mute, we remain victims. We are the dysfunctional, devastated, isolated victims.

And millions of men and women will <u>stay</u> mute until thousands have spoken the words and have been met with compassion and understanding.

The PSA's will do more to support children, validate survivors, intimidate and stop perpetrators, and educate the general public than anything else that can be done. <u>It is only one part</u> to the educational process, but, in my view, the most critical part.

Only when society is convinced that this is a national emergency... a national epidemic, will we begin to turn the tide of rampant

sexual child assaults.

And, lastly, we need to rewrite one of the Ten Commandments. It should read, "Honor your children and they, in turn, will honor you".

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Chairwoman SCHROEDER. Thank you very, very much.

Wade, I feel sorry for you, but I don't think there could be any more powerful reason to move, and so, let us hear from you as to what we can be doing at the Federal level.

Dr. Wade Horn.

STATEMENT OF WADE HORN, PH.D., COMMISSIONER, ADMINISTRATOR FOR CHILDREN, YOUTH, AND FAMILIES, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, WASHINGTON, DC; ACCOMPANIED BY DAVID LLOYD, DIRECTOR, NATIONAL CENTER ON CHILD ABUSE AND NEGLECT, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, WASHINGTON, DC

Mr. HORN. Thank you, Madam Chair. I want to thank you for the opportunity to appear before you today and to discuss the pressing issue of child maltreatment. Before I go into my prepared statement, I would like to add my gratitude to the first witness for her courage, her sensitivity, and the importance of the statement that she has just made as well as the statements that she has made in the past. What I will have to say will pale before what she has said.

Chairwoman SCHROEDER. Thank you.

Mr. HORN. The reality of child maltreatment does, in fact, present a sad contradiction in American life between what is a typical American childhood and those childhoods which are seared by abuse or neglect. It is a contradiction that was made even clearer to me during my recent work as a member of the National Commission on Children.

One of the major findings of the National Commission was that it is a good time to be a child, usually. The opening paragraph of the commission's report states, and I am quoting from that report, "Most American children are healthy, happy and secure. They belong to warm, loving families. For them, life is filled with the joys of childhood, growing, exploring, learning and dreaming, and tomorrow is full of hope and of promise."

But at the same time, we are faced with frighteningly familiar statistics. One and a half million children are maltreated or at risk of maltreatment every year. Too many American families are simply failing at raising children. Some of the factors fueling the situation are largely beyond the control of individual families. Other causes of family dysfunction are the result of individual behaviors such as substance abuse, teenage pregnancy and divorce.

The result of the social morass that ensnares too many—not all, not most, but certainly too many American families—is children who are injured physically or emotionally. Our goal then becomes clear, though far from simple. Here is how the National Commission on Children put it in their report, and again, I'm quoting. "Children do best when they have the personal involvement and material support of a father and a mother, and when both parents fulfill their responsibility to be loving providers" and "There can be little doubt that having both parents living and working together in a stable marriage can shield children from a variety of risks."

The question for the Administration for Children and Families becomes, what is the role of the Federal Government in helping

families at risk to be strong and stable enough to raise healthy and happy children?

Secretary Sullivan has identified three components of an appropriate and effective Federal role in combating child abuse and neglect: leadership, knowledge building and targeted support of State and local initiatives. I would like to spend a few moments discussing our efforts in each of these areas.

Secretary Sullivan has made the fight against child abuse and neglect a personal priority and a priority for the entire Department of Health and Human Services. This fall, he will be meeting with other members of the Cabinet to discuss how jointly they can address this pressing issue.

As Secretary Sullivan continues to meet with national leaders from various sectors of society, he is asking for their help in preventing and alleviating the impact of child abuse and neglect. The need for coordination among Federal agencies and programs has been a top priority of the National Center on Child Abuse and Neglect, and has received new focus and energy since the appointment of Mr. Lloyd as the Director of NCCAN. Mr. Lloyd's breadth of experience and depth of knowledge has allowed us to further develop the Federal Interagency Task Force on Child Abuse and Neglect as a key component of our child abuse and neglect strategies.

Related to our role in expanding the knowledge base in the field of child abuse and neglect, we are involved in an ambitious effort to improve child abuse and neglect data collection. NCCAN has made great progress in developing and implementing the National Child Abuse and Neglect Data System. The development of this system has involved input from almost every state, from major national organizations and experts in the field. When fully implemented, not only will we have a national summary data system on reports of child abuse and neglect, but we will also have a national data base of rich case specific information.

Although we are quite pleased by the quality of research supported by NCCAN, we recognize that the complexity of issues related to child abuse makes it difficult for the Federal Government alone to develop a long-term plan for child abuse and neglect research. Therefore, at our request, the National Academy of Sciences has presented us with a proposal for developing a multi-year plan or blueprint for research in the area of child abuse and neglect. Our targeted child abuse programs have also had great success at impacting state and local child protection systems. Programs such as the Child Abuse Basic State Grant program, the Challenge Grant program, and the Childrens Justice Act grant program. Furthermore, we consider our aggressive expansion of Head Start over the past several years from a $1.2 billion program to a $2 billion program to be part of our holistic approach to the strengthening of families.

These examples represent only a sampling of the steps we have taken to strengthen our response to child abuse and neglect. Thus, we have a framework for a well-designed Federal and state partnership to address this serious problem, a partnership that is responsive and flexible, and that will help communities to strengthen all families, especially those at-risk for child abuse and neglect.

We must, however, avoid some solutions that would create a Federal and state partnership that is burdensome and rigid, solutions that would ensure that the Federal bureaucracy will be unresponsive and that state governments will be hamstrung by overly prescriptive mandates. The balance between Federal requirements and local creativity is a tenuous one, and we must be careful not to inadvertently squelch creativity through a desire to impose some rigid view of child welfare practice.

Some of the proposals being discussed in Washington these days, when judged in such a light, may prove counterproductive. The creation of new categorical programs and expansive documentation requirements for the receipt of state grant funds would limit local flexibility. The institutionalization of duplicative executive branch functions and the creation of new Federal entities removed from program operations would actually serve to impede, rather than enhance, coordination at the Federal level. The premature creation of large new Federal programs, prior to conducting adequate research and evaluation, could result in the misdirection of resources.

The recent release of the National Commission on Children Report, today's release of the second report of the United States Advisory Board on Child Abuse and Neglect, the commitment of the administration, as evidenced by Secretary Sullivan's child abuse initiative, and the support of the Congress, as evidenced by this hearing today, come together to provide us with a rare opportunity to address a major societal problem. Working together, we can formulate a coordinated, cooperative Federal response to child abuse and neglect that will help to build what Secretary Sullivan calls "communities of caring."

Thank you.

[Prepared statement of Wade F. Horn follows:]

PREPARED STATEMENT OF WADE F. HORN, PH.D., COMMISSIONER, ADMINISTRATION ON CHILDREN, YOUTH, AND FAMILIES, WASHINGTON, DC

Thank you Madame Chairwoman for the opportunity to appear today and discuss the pressing issue of child maltreatment.

OVERVIEW OF THE PROBLEM

At a time when most American children are thriving, the reality of child maltreatment presents a sad contradiction in American life. This contradiction, this stark juxtaposition between the typical American childhood and those childhoods seared by abuse or neglect, was made even clearer to me during my recent work as a member of the National Commission on Children.

One of the major findings of the National Commission on Children, which recently released its final report, was that it's a good time to be a child -- usually. The opening paragraph of the Commission's report states that "Most American children are healthy, happy, and secure. They belong to warm, loving families. For them, life is filled with the joys of childhood -- growing, exploring, learning, and dreaming -- and tomorrow is full of hope and promise." And later, the report says "The majority of young people emerge from adolescence healthy, hopeful, and able to meet the challenges of adult life.... They are progressing in school, they are not sexually active, they do not commit delinquent acts, and they do not use drugs or alcohol." There are, indeed, many trends about which we in the Administration for Children and Families may be hopeful.

But at the same time, there are frighteningly familiar statistics. 1.5 million children have been maltreated or are in danger of maltreatment every year. About 60% of these children are educationally, physically, or emotionally neglected. Approximately 40% are physically, emotionally or sexually abused.

Too many American families are simply failing at raising children. Some of the factors fueling this situation are largely beyond the control of individual families. In many of our communities, traditional societal supports have deteriorated, resulting in growing social isolation. Also, the daily lives of families and children, even those who are shielded from the personal effects of poverty, illness, and extreme misfortune, are being increasingly saturated with violence. A study of 168 teenagers who visited a Baltimore city clinic for routine medical care, for example, found that 24 percent had <u>witnessed</u> a murder and that 72 percent knew someone who had been shot.

Other causes of family dysfunction are the result of individual behaviors. Substance abuse is an individual's personal choice. Teenaged pregnancy, dropping out-of-school, out-of-wedlock childbearing, and divorce all result from individuals' behaviors.

The result of this social morass that ensnares too many -- not all, not most, but certainly too many -- American families is

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children who are injured physically or emotionally. Our goal then becomes clear, though far from simple. Here's how the National Commission on Children put it: "Children do best when they have the personal involvement and material support of a father and a mother and when both parents fulfill their responsibility to be loving providers" and "There can be little doubt that having both parents living and working together in a stable marriage can shield children from a variety of risks."

The question for the Administration for Children and Families becomes: What is the role of the Federal government in helping families at-risk to be strong and stable enough to raise healthy and happy children? Obviously, this is a complex question, one that goes beyond simply determining authorization and appropriation levels for specific programs.

THE FEDERAL ROLE IN COMBATTING CHILD ABUSE AND NEGLECT

The best course of action the Federal government can take to help parents raise children is not the creation or expansion of large government programs. The Federal government should stimulate policies that are targeted and designed to foster parental choice and empowerment, increasing the ability of parents to care for and provide direction for their children.

Secretary Sullivan has identified three components of an appropriate and effective Federal role in combatting child abuse and neglect -- leadership, knowledge building, and targeted support of State and local initiatives. I want to spend a bit of time discussing our efforts in these areas.

Secretary Sullivan has made the fight against child abuse and neglect a personal priority and a priority for the entire Department of Health and Human Services. This fall, he will be meeting with other members of the Cabinet to discuss how, jointly, they can address this pressing issue. As Secretary Sullivan continues to meet with national leaders from various sectors of society, he is asking for their help in preventing and alleviating the impact of child abuse and neglect.

In its first report, the U.S. Advisory Board on Child Abuse and Neglect correctly placed the primary responsibility for developing and implementing a system to prevent child abuse and neglect upon local communities and individuals. HHS agrees and in 1989 the National Center on Child Abuse and Neglect (NCCAN) funded nine five-year demonstration grants at $200,000 each to support community-wide efforts to prevent physical child abuse and neglect. We will be following these projects closely, and upon completion our evaluation will provide insights into the implementation and impact of such community-wide intervention.

The need for coordination among Federal agencies and programs has also been stressed by the Advisory Board. This has been a top

priority for NCCAN and has received new focus and energy since the appointment of Mr. Lloyd as the Director of NCCAN. Mr. Lloyd's breadth of experience and depth of knowledge has allowed us to further develop the Federal Inter-Agency Task Force on Child Abuse and Neglect as a key component of our child abuse and neglect strategy. The Task Force has recently issued its comprehensive plan, which is comprised of nine critical elements covering such areas as data collection and analysis, internal research capabilities, Federal technical assistance efforts, and Federal staffing. The Task Force has created six working groups to begin implementation of this plan, and has recently published a Guide to Federal Resources on Child Abuse and Neglect.

Related to our role in expanding the knowledge base in the field of child abuse and neglect, we are involved in an ambitious effort to improve child abuse and neglect data collection.

NCCAN has made great progress in developing and implementing the National Child Abuse and Neglect Data System (NCANDS). The development of this system, mandated in the 1988 reauthorization of the Child Abuse Prevention and Treatment Act, has involved input from almost every State, national organizations and experts in the field. This process will result in a system that is useful to State and Federal officials and which is based upon compatible definitions and data elements necessary for a comprehensive, national data base. When fully implemented, not only will we have national summary data on reports of child abuse and neglect, but we will also have a national data base of rich, case specific information.

We have completed the initial pilot test of NCANDS and are currently collecting summary data from all 50 States for 1990. When this process is complete, we will know, for example, the total number of child abuse reports, the sources of these reports, the actions taken as a result of these reports, and, in the case of substantiated reports, the type of abuse or neglect involved and demographic information about the victims. The next step is to refine the instrument for collecting the detailed case specific data. We plan to pilot test this instrument in nine States next spring.

NCCAN has been supporting much high quality research. For example, NCCAN funded research has provided documentation on the long term impacts of physical abuse, the emotional consequences of sexual abuse, and the impact of judicial processes upon child witnesses. However, we recognize that the complexity of issues related to child abuse makes it difficult for the Federal government alone to develop a long term plan for child abuse and neglect research. Therefore, at our request, the National Academy of Sciences has presented us with a proposal for developing a multi-year plan -- or blueprint -- for research in the area of child abuse and neglect. We are certain that this will assist both the Federal government and other funding sources

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to establish research priorities for the field.

Our targeted child abuse programs have had great success at impacting state and local child protection systems. In fiscal year 1990, 54 States and jurisdictions were deemed eligible for the Child Abuse Basic State Grant program, meaning that they had implemented a number of statutory requirements related to child abuse reporting and investigation. Forty-six States have established a Children's Trust Fund or other acceptable funding mechanism to support child abuse prevention activities, making them eligible to receive funds through the Challenge Grant program. And the Children's Justice Act grant program has been effective at encouraging improvements in State's investigative and judicial handling of child abuse cases, especially child sexual abuse cases. Forty-three States and jurisdictions received funds through this program in FY 1990.

Furthermore, we consider our aggressive expansion of Head Start over the last several years -- from $1.2 billion to over $2 billion per year -- to be part of our holistic approach to strengthening families. The same is true for the large increases for HHS anti-drug abuse activities -- funding has doubled, from $935 million in fiscal year 1989 to more than $1.8 billion in fiscal year 1992.

These examples represent only a sampling of the steps we have taken to strengthen our response to child abuse and neglect. Thus we have a framework for a well designed Federal and State partnership to address this serious problem. A partnership that is responsive and flexible will help communities to strengthen all families, especially those at-risk for child abuse and neglect.

We must, however, avoid some "solutions" that would create a Federal and State partnership that is burdensome and rigid, "solutions" that would ensure that the Federal bureaucracy will be unresponsive and that State governments will be hamstrung by overly prescriptive mandates. The balance between Federal requirements and local creativity is a tenuous one, and we must be careful not to inadvertently squelch creativity through a desire to impose some rigid view of child welfare practice.

Some of the proposals being discussed in Washington these days, when judged in such a light, may prove counterproductive. The creation of new categorical programs and expansive documentation requirements for the receipt of State grant funds would limit local flexibility. The institutionalization of duplicative executive branch functions and the creation of new Federal entities removed from program operations would actually serve to impede, rather than enhance, coordination at the Federal level. The premature creation of large new Federal programs, prior to the conduct of adequate research and evaluation, could result in the misdirection of resources.

CONCLUSION

The recent release of the National Commission on Children Report, today's release of the second report of the U.S. Advisory Board on Child Abuse and Neglect, the commitment of the Administration -- as evidenced by Secretary Sullivan's child abuse initiative -- and the support of the Congress -- as evidenced by this hearing today -- come together to provide us with a rare opportunity to address a major societal problem. Working together, we can formulate a coordinated, cooperative Federal response to child abuse and neglect that will help to build what Secretary Sullivan calls "communities of caring."

Thank you. I will be pleased to answer any questions.

Chairwoman SCHROEDER. Thank you very much, Mr. Horn. We appreciate that very much.

And now we go to our Denver person here with this great report for us.

Dr. Krugman, we really thank you, and the Advisory Board. I am sure that you are more than willing to turn it over to Mr. Davidson very, very soon. But I guess this is your last duty to get this report out here, and we really are honored that you are releasing it this weekend so we can ponder it. Thank you.

STATEMENT OF RICHARD D. KRUGMAN, M.D., CHAIRPERSON, U.S. ADVISORY BOARD ON CHILD ABUSE AND NEGLECT, DENVER, CO

Dr. KRUGMAN. Thank you very much, Madam Chairwoman. I would like to first say that it is a pleasure, but an ambivalent one in the sense of watching something close to you be handed on to someone else. And were I not going to be a member of the Board for the next two years, I would really worry about it. On the other hand, the opportunity to spend significantly less time in some of the administrative functions of the Board and significantly more time thinking and writing and dealing with this problem will be a blessing, and I know that Howard Davidson, who is here with me, will carry on.

I would like just to have the opportunity to have the members of the Board who are seated behind me just to stand for recognition by this group. This is an extraordinary group of individuals who for two and a half years worked very hard to bring two reports forward to Congress and to the administration, and it has been just a pleasure and an honor for me to work with them. So, if I could just have them stand. Is that okay?

Chairwoman SCHROEDER. Yes. We would love to. Thank you very much.

Dr. KRUGMAN. And our Director and Program Assistant, Byron Gold and Eileen Lohr, should be standing with them, because they have been integral to this entire process.

Chairwoman SCHROEDER. And we know how hard that is. We sincerely thank all of you because the citizens put in so much time, and it is non-paid we'd point out. So we thank them.

Dr. KRUGMAN. I have submitted for the record nine pages of testimony, and true to my word to Marilyn, I am yielding a portion of my time because I thought the message she had to bring here was tremendously important. What I would like to do is summarize briefly the highlights of the second report that the Board has presented to Congress and the administration entitled Creating Caring Communities: Blueprint for an Effective Federal Policy on Child Abuse and Neglect. And then I would like to spend two minutes with some other comments related to what we have heard today.

In our first report, the U.S. Advisory Board, the Board called the present situation in our child protection system—and when we use the word child protection system, we speak broadly of the multidisciplinary system that is in place to deal with abuse and neglect in our society that includes child protective service agencies, district attorneys, law enforcement, mental health, health, public health, education and other concerned parties. We said there was

an emergency because, number one, in spite of our avowing to do something about the problem of abuse and neglect, we were having more and more cases and being increasingly unable to deal with that flood, and we were spending billions of dollars, we believe, as a society, in our failure to deal with the prevention and treatment of this problem.

Today's criminals and those who we are spending huge amounts of dollars on in mental health treatment, in juvenile delinquency programs and substance abuse programs and adolescent pregnancy programs, were the children that we failed to either recognize or deal with adequately, many of them within the last two decades.

We also said that for this emergency to be dealt with everyone needed to be involved. That this was not anyone's fault, there was no single administration to be blamed, there was no agency to be blamed. We only had ourselves to get involved with this problem and to go forward.

We did, however, believe that the Federal Government had a special role in leadership, and this report is in fact addressing that particular leadership role.

I will only list three of the highlights. Our first report had 31 recommendations, this one has a mere 29. Perhaps by the year 2000 we will be down to the single recommendation that people wish they had, but everyone in this field thinks that there is a single silver bullet that will solve this problem, and in fact, as we all know, there is not.

But the three I would like to highlight are:

1) Our belief that we do need to espouse a national child protection policy. The Child Abuse Prevention Treatment Act is devoid of a section that lists its purpose. It is a problem insofar as we believe that that is partially why, if you look at the history of the Child Abuse Prevention Treatment Act, it continues to have the crises of the moment tacked on to it every two to three years, leaving the Federal agency that is responsible for dealing with abuse and neglect, that is NCCAN, with yet more to do, yet never having adequate resources or staff with which to do everything that we have asked it to.

The second is that we are asking for an increased focus on child abuse and neglect across the Federal Government. We know from working in this community now since 1958, that if you are going to deal with a case of abuse and neglect, you cannot expect one professional alone to do it. And the multi-disciplinary approach with child protection teams that began here and in Pittsburgh and in Los Angeles 33 years ago is desperately needed at the Federal Government. We need the Departments of Education, the health side of Health and Human Services, the Justice Department, the Housing and Urban Development Department, and every other department within the Federal Government that has an impact on children and families to have some focus in their effort on the problem of abuse and neglect.

NCCAN cannot do it alone. This is not just a child welfare problem. It is a problem that includes many parts of our society and our professions.

Finally, the third point I will make, which is the last recommendation that the Board makes, is, we were asked after our last

report, tell us one thing. Come on. Thirty-one is too many, even 29 is too many. If there is one thing we need to do, what is it? And so, the Board has in its final recommendation suggested that we commit ourselves and ask the Federal Government to stimulate the development of universal neo-natal voluntary home visitation programs throughout the United States. It is the Board's belief that this approach would not be the silver bullet, would not be a panacea. But of all of the things that have been tested and looked at, it is the one that has the greatest hope for significant success in beginning to approach this problem from the perspective of prevention and not after the fact treatment or intervention.

Finally, I would say that it was 30 years ago this fall that Henry Kempe—who is from Denver, as you all know—spoke to 1000 pediatricians at the American Academy of Pediatrics and first used the term battered child syndrome.

Those who are in the room, who I have spoken to, told me that the room was silent and electrified by his particular talk and by that panel's talk. I saw the same thing this afternoon in this room with Marilyn's talk. I think we have the ingredients here today for this particular group, that includes our colleagues and the Federal Government, both in the administrative side and the executive branch who are to my left, you and Congress, and all of us, to move ahead and really move forward and build with the same kind of momentum as a result of what we have heard today that happened 30 years ago after the term battered child.

Henry Kempe didn't discover child abuse, but by coining that phrase, he really mobilized professionals in this society to do something about it. I believe I have heard the same thing here today with Marilyn Van Derbur Atler is talk, and her charge to us to do something about it. This is not a time for us to argue about how we should implement certain types of programs. If we begin to debate should home visitation be public health nurses or volunteers, should it be universal or targeted, we will be missing the point. We need to move ahead and we need to move ahead now. Thank you very much.

[Prepared statement of Richard D. Krugman, M.D., follows:]

PREPARED STATEMENT OF RICHARD D. KRUGMAN, M.D., CHAIRPERSON, U.S. ADVISORY BOARD ON CHILD ABUSE AND NEGLECT, DENVER, CO

Introduction

It is a great honor for me to appear here before you today on behalf of the U.S. Advisory Board on Child Abuse and Neglect. It is among my last official acts as Chairperson. I have had the privilege of serving as Chairperson for slightly more than two years. Under the rules of the Board, my term now nears its end. On September 13, the Board elected Howard Davidson as my successor. S/He accompanies me today and will assume the burdens of the office at the conclusion of the Ninth National Conference on Child Abuse and Neglect under hose auspices this hearing is being held.

Last evening, just as the Conference began, the U.S. Advisory Board on Child Abuse and Neglect released its second annual report to the Secretary of Health and Human Services and the Congress. The report is entitled **Creating Caring Communities: Blueprint for an Effective Federal Policy on Child Abuse and Neglect**. The report is dedicated by the Board "to the many thousands of American children and families trapped in the throes of abuse and neglect who are waiting for our society, and its governments, to respond to their plight with *more* than just a report, and *more* than just an investigation."

With considerable deliberation the Board made the decision in the Summer of 1990 to release the report here at the Conference. It did so because it wanted, through the release of the report, to draw the attention of the media to the countless individuals who labor ceaselessly in communities throughout the nation to protect children.

It is to make the work of such people easier, it is to make their work less complex, it is to free their time so that they can be more available to these children and their families who need their help so much--that the Board aspires in this report. Indeed, the report begins by suggesting in a case study that, while the workings of a necessarily complex system of Federal policy-making may seem remote from the concerns of maltreated children and their families, it is, in fact, most germane to those concerns.

Summary of 1991 Report

Last year, the Board declared the existence of a national child protection emergency in which hundreds of thousands of children are "being starved and abandoned, burned and severely beaten, raped and sodomized, berated and belittled." The Board noted that the problem costs taxpayers billions of dollars a year.

This year the emergency continues. The report warns that the emergency threatens to disintegrate the nation's social fabric. In the words of the report, "no other problem may equal its power to cause or exacerbate a range of social ills."

What is the role of the Federal Government in this situation. Permit me to summarize the major conclusions of the report.

The Board concludes that the absence of a national child protection policy has fostered a response to child abuse and neglect that is "fragmented, inadequate, and often misdirected." Finding that Federal policy has focused "on investigation more than prevention and treatment," the Board describes the current system of response to child abuse and neglect by State and County governments as "overwhelmed and on the verge of collapse."

Thus, in the first recommendation in the report, the Board calls for enactment into law of a national child protection policy. The goal of the policy should be to "facilitate comprehensive community efforts to ensure the safe and healthy development of children and youth." The policy should "drive the child protection-related actions of all Federal agencies."

The report contains an eight-page proposed draft of a policy. It emphasizes the complex nature of child maltreatment, the right of children to live in safety, and the duty of government to ensure that they are protected.

The Board believes that child abuse is such a threat to the nation that, in its other major recommendation, it calls upon the Federal Government to begin the immediate development of a national program of home visits to new parents and their babies by health workers and others. Such help to prevent maltreatment of infants would be voluntary but universal--available to all, not just the poor, to avoid social stigma.

The new home visitation program would be included in a new national, comprehensive, child-centered, family-focused and neighborhood-based child protection system. "Child protection should be an ongoing function of community life," the report says. "Federal leadership and resources should facilitate neighbors helping neighbors."

The development of the home-visitation system should be fostered through a series of pilot projects. The Hawaii State-wide home visiting program--"the star" among such programs--is a possible model for the national system the Board wishes the Federal government to establish.

A nationwide system should build on existing public and private professional and volunteer programs utilizing nurses and community-health aides. In the words of the report, "while not a panacea, the Board believes that no other single intervention has the promise that home visitation has."

Cases of suspected maltreatment are investigated by local CPS (child protective services) agencies. The Board again calls upon the Department of Health and Human Services to strengthen CPS agencies.

As important as strengthening the CPS function is to the Board, however, it is not sufficient. Hence, the report calls for the establishment or strengthening of Federal child protection programs in the areas of health, mental health, education, law enforcement, corrections, housing, cooperative extension, volunteer action, and administration of justice.

Arguing that the lack of coordination among State and local agencies administering Federal funds has impeded communities in their efforts to protect children, the Board also calls on the Federal government to achieve greater coordination among its own child protection programs. The report suggests a new, single State child protection plan as the mechanism for "one-stop shopping" for Federal child maltreatment-related funds.

In other recommendations, the Board calls for banning corporal punishment of children in Federally-supported activities and mobilizing schools and religious institutions in the prevention of child maltreatment. The Federally-assisted activities which use corporal punishment include many of the nation's public and private school systems. The report says that the use of corporal punishment in such activities "is intrinsically related to child maltreatment," and its abolition "must begin immediately." Over 22 states have already abolished the use of corporal punishment in schools.

Finding that all parts of the child protection system are "understaffed, underpaid, undertrained, and often underqualified," the Board recommends major new programs for building knowledge about child abuse and neglect. "Child maltreatment may still be the most underresearched major social problem," the report points out.

Observing that "the nation should show no less concern for the environments its children live in than it does for the environments of endangered species of wildlife," the Board concludes that "strengthening neighborhood environments...must be a critical element of efforts to reduce the incidence and severity of child maltreatment."

Using four case studies of child fatalities to illustrate the thousands of similar cases each year, the Board calls for the Federal government to encourage State and County governments to establish teams of trained specialists from health, social services, and law enforcement agencies to review each case of child death. Such reviews are not required by all States.

Now, I cannot complete this summary of what I consider a near-perfect report without confessing a major flaw. On Page 19 the Board recounts some of the history of the Child Abuse Prevention and Treatment Act. Only after the report had been sent to the printer did I note that, while the role of former Senator Mondale in the passage of that Act is recalled, the role of Congresswoman Patricia Schroeder was inadvertently omitted. The Board apologizes for the oversight and promises that all subsequent editions will be appropriately corrected.

Conclusion

In its 1991 report, without a doubt, the Board is asking for a major commitment by the Federal Government to resolving the national emergency in the child protection system and preventing its recurrence. Indeed, it is going further to demand adoption in law of a policy obligating Federal agencies "to act with due urgency" and "to use all means practicable" so that "all steps necessary will be taken to ensure that every community in the United States has the resources...required to develop and implement a child protection strategy that will ensure the safety of children" and in fact will "prevent child maltreatment, whenever possible."

In view of the Federal Government's lack of comprehensive, concerted involvement in child protection thus far, skeptics may reasonably ask whether this blueprint really would make a difference in the lives of children and families. How can changes made "inside the Washington, D.C. Beltway" translate into caring communities across America? Will a major Federal initiative not result simply in new layers of bureaucracy and new reams of paperwork rather than an increase in the level of protection available to children?

The Board's answer is two-fold. First, it makes no apology for the scale of the reform that it is advocating. The scale of the problem of child maltreatment is enormous, its nature is complex, and its significance is profound, both for individual children and families and for the nation.

Second, although the Board concurs that Federal action alone is insufficient for the social transformation that is necessary for the protection of children, it is also clear that such fundamental change cannot occur on a national scale without a reformation of Federal policy. Indeed, it is clear that community change--even more basically, comprehensive services for individual maltreated children and their families--will remain difficult to accomplish without Federal reform.

The Board asks the nation's leaders to consider the changes that will occur at the community level if the Board's recommendations are fully implemented.

- Local program administrators and practitioners in the child protection system will be guided by a coherent sense of mission.
- Neighborhood-based strategies for child protection will be developed in a comprehensive community plan.
- Communities will have substantial new fiscal resources for prevention and treatment of child abuse and neglect, and they will have great flexibility in planned integration of such funds.
- Communities will have substantial new human resources for the purpose of child protection.
- Services will be comprehensive.
- Services will be of substantially higher quality.
- Child protection will be high on the community agenda.

In the play, 1776, John Adams sings: "Is anybody there? Does anybody care?" The Board now awaits the answers to the same questions.

Chairwoman SCHROEDER. I really want to thank this panel and I think you have given all of us so much to think about.

Let me start with you, Mr. Horn. You heard Marilyn's plea for PSAs. I think that makes an incredible amount of sense. Would there be any way that we can convince you to talk to Dr. Sullivan about this?

I think Dr. Sullivan has got the clout at the national level that we might be able to take this on. He has been so good on smoking and other kinds of educational issues. It seems that the networks would be a little hesitant to move in that area without a real nudge from the top. Let me ask you how you would respond to that type of request.

Mr. HORN. As pointed out in the Advisory Board's report, Secretary Sullivan is the first Secretary of the Department of Health and Human Services to take on the issue of child abuse and neglect as a personal priority. Over the past year he has made over a dozen speeches highlighting the issue of child abuse and neglect. Secretary Sullivan's commitment to making a priority, not only for himself but for the entire Department, and for this Administration, is reflected in his coming to this conference to speak at the closing session in order to address those who are dedicating their careers and their lives to this area. I think that he is already very receptive to the notion of publicizing this issue and showing national leadership. Quite honestly, I do not think I have to speak to him. I think that he has the message, he feels it, and he has every intention of carrying that further.

Chairwoman SCHROEDER. Well, that's wonderful, and maybe if we could get Members of Congress joining with him and everybody trying to move the national media, because I think Marilyn was going a little further than just child abuse and neglect. We tend to say that without getting to the next step, which is incest. And I think that is probably one of the most difficult things for us to deal with. The battered child syndrome was the first, but I remember the first time of going over to deal with violated children. I thought the battered children was the hardest thing I've dealt with, but sexually abused was much harder. I absolutely couldn't believe it when the military was providing services to incest families.

So I really hope we can work together when we get back to Washington because I know the committee would want to do whatever it could to expand on Marilyn's recommendation, and I think she makes an excellent point. That we have just got to get incest and sexual abuse out of the closet and out of peoples' souls and lay it out there so we can start dealing.

And yet I am sure we all know networks and everyone else will run and be afraid unless we have a lot of pressure from top. So I am pleased to hear your commitment and we certainly want to work with you some more when we get there.

I talk too much in all these, so I am going to yield to my distinguished colleague from Alabama to ask questions.

Mr. CRAMER. Well, I am so afraid to start, that if I could start it, I won't stop. But, I will try not to do that because we do have a limited amount of time, and I want to tell you it was a brave thing to do on your part and I congratulate you for speaking so candidly. It is so important that we remember the voices of the victims of

child abuse, particularly child sexual abuse, and I think so often those of us that are left out in the field struggling with this problem, we feel so alone, and we don't even have professional colleagues to lean on. We have a hard enough time living with what we are hearing, we cannot imagine what victims like you must endure when you confront people like us. So I think that is important that we keep that emphasis there.

Dr. Krugman, I have had the opportunity to cross-examine Howard Davidson during lunch today over the report that you are delivering to us that I am just absorbing, and I know people on the panel are doing that as well. So having done that, I do not have as many questions. But I do want to make a comment or two.

Again, speaking back to the field, one of my frustrations has been dealing with the various bureaucracies that exist on a state level primarily. I think sometimes the local levels begin to get their acts together and they bend the rules and they bend the definitions of their jobs and they work with one another. They do not necessarily want their agencies to know kind of how well the law enforcement arm is working with them, the CPS arm and how sensitive some prosecutors can be and so forth. But, I am really anxious to hear more and learn more and would have more questions that I would like to submit, particularly about how you think this relates.

And I know Howard pointed out to me appropriately that in your first report you spoke more specifically to the state level, CPS bureaucracies particularly that are in such trouble in this country, and I cannot quite see the forest for the trees there, meaning you're delivering a report that scores where we need to score. But I want to make sure that we don't all of a sudden create another bureaucracy that some of us end up having to deal with. I know that sometimes with some of the grant areas that have been blocked granted to the states, with more information being given to the states, states put up such turf issues, the agencies put up such turf issues that all of a sudden they set up a process that is more difficult for the local level to deal, and we end up again fighting that more than we are fighting the problem.

I think all of us want to emphasize we need help in the field, and we need a way to get that help as cleanly to the field as we can.

Dr. KRUGMAN. I would just like to say that the Board went through six drafts of this report and got superb feedback from our colleagues on the Interagency Task Force for Child Abuse and from members of the National Child Abuse Coalition, and I think that—I say that because what you have just mentioned about not wanting to get overly bureaucratized and not wanting to be overly prescriptive resonated with us. There is a difference, though, between saying we don't—originally, frankly, we were in an earlier draft asking that there be a center within every Federal department that focused on child abuse and neglect. We were told that is too prescriptive; don't tell us how to run the Federal Government. That's fine. We are happy to do that or not do that, as the case may be.

On the other hand, what is in here that we think is critical, and you certainly found throughout with your advocacy centers that you talked about throughout the country, that if we don't develop

the dialogue, to first develop the common sense of knowledge and interest within all of the components. I mean, there are—you cannot find anymore, I don't think—maybe the hands of a three-toed sloth—the number of grant efforts that have come out of the Department of Education in the area of child abuse and neglect.

And yet, education has got a tremendous role. The need to build up an education, a focus of activity for what to do in this area. Once all of those areas are built up, that is when the multi-disciplinary aspect that we know works at the case level and the community level will begin to break down the barriers and not leave you with bureaucracies fighting with each other.

Mr. CRAMER. Thank you very much. Thank you, Madam Chair.

Chairwoman SCHROEDER. Let me ask Dr. Horn again about the neo-natal visits. Have you seen the report or is it too early to comment on that? I heard Dr. Krugman saying, okay, here's our bottom line. This is the one thing we really want.

Mr. HORN. The report has just recently been released and I have not yet had a chance to digest all of it. But I do have some initial reactions to the report, reactions that are tentative and should not be interpretated as anything more than my personal reactions to the report.

I think that the report does say some very important things and does highlight some initiatives that need to be undertaken.

For example, the U.S. Advisory Board's Report again calls for national leadership in this area. And I think that my statement before about Dr. Sullivan's commitment in this area is very important. In addition, the idea that efforts to prevent and to treat child abuse and neglect, including child sexual abuse, should be community based, child centered and family focused are all things with which we have great agreement.

In fact, two years ago we funded on a demonstration basis nine community wide prevention programs for abuse and neglect at about $1 million apiece for a five year period. Each of these nine demonstration programs will be evaluated to determine the best ways to implement such a community based approach. We also agree with the need for better data, and that is why we are moving forward with our National Data Collection System in Child Abuse and Neglect. There are mow 35 states providing us with data as to the characteristics of the victims, of the perpetrators and the disposition of the cases.

We also agree that there needs to be better coordination. In fact, one of the things that Secretary Sullivan quite clearly believes is that we need to better coordinate all of our services for at-risk children and youth. We we don't do a good job of that. We treat families as if there is such a thing as an AFDC family, or a Head Start family, or a JOBS family. Rather, what we need to do is realize that they are families and children with many needs, and we have to better coordinate services in order to meet those needs.

That is why Secretary Sullivan reorganized the Department of Health and Human Services, to create this new Administration for Children and Families, to bring together the majority of programs for at-risk children and families, almost $30 billion worth of programs. And so, I think that there is a lot in this second report of the U.S. Advisory Board with which I personally agree. And I

think that you will see continued efforts on our part to address these issues.

As to the specifics of your question, the home visiting, I am a child psychologist. I know the importance of early intervention in the lives of families and the lives of children. I know that far too frequently we spend too many resources picking up the pieces after children and families are neglected for far too long. We need to find ways to intervene early in the lives and the circumstances of children and at-risk families.

That is why the expansion of Head Start is so important. And I think that it is important for us to take a look at home visiting to see whether that is a central piece that needs to be implemented. Whether or not we have the information right now to know how to precisely do it, whether we have the knowledge to go to scale right now, I am not quite sure, and we need to sort those issues out.

But the idea of early intervention to prevent the need for remedial intervention later on is something that makes a great deal of sense to me, and I think you will see continued efforts in that regard.

Chairwoman SCHROEDER. That is very interesting.

Dr. Krugman, why did you make that your number one request out of the 29?

Dr. KRUGMAN. It is number one because it is among the best studied. Not only has it been studied privately, individuals with Robert Johnson Foundation, David Olds, for example, has done this and looked at it in Elmira, New York, now has a major study going on in Memphis. But in reality, it was shown here in Denver in 1972 that you could take a video camera into a delivery room, at what was then Colorado General Hospital, and by video taping 150 consecutive deliveries, we could tell who was at high risk for abuse. And when we followed those high risk families, half of them with the home visitor for two years, the other half not getting a home visitor, there was no abuse in the 25 families who had the home visitor who were high risk, but five of the 27 children who were in the high risk group and did not have a home visitor were abused.

And Henry Kempe published an article in 1972 where he pointed out that the $8,000 at that time salary for the home visitor saved potentially five cases of abuse out of those 25 families that cost the State of Colorado $1 million.

Now the Federal Government picked up on this in the 1970s, and there were actually a number of ways of funding for home visitation programs in the 1970s, an a lot of experience. When cuts came and budgets were cut in the 1980s, most of those programs lost their funding and disappeared. It was our view, and the reason that I personally am in favor of the universal and voluntary approach, is that I think we have learned through the example of Head Start, that when you take a program that is understood and believed in by everyone, that is pre-school, and extend it to those who are at-risk of not being able to do it, we have no trouble funding it.

We have found in our program here in Denver, the Community Caring Program, that 10 hospitals have the opportunity to develop home visitation programs out of their hospitals. They find it useful. Two of the hospitals have funded it themselves and are finding a

tremendous support to young families. Every young family needs help.

And the more we can stimulate this effort, as my colleague Greg Helfer used to say, "If you want to prevent something bad, you have to enhance something good." And the good you try to enhance with is not a social worker, not a professional necessarily, although public health nurses, if they were not too absorbed with home health care agencies these days, could do as well. Every new family needs a friend, and it has been shown time and time again that this is effective and everyone has talked about it for years. There has been a GAO report. There have been lots of reports. It is just time to do it.

Mr. CRAMER. Dick, did you take a look at the costs? Did you try to cost this out in any way? These are tough times.

Dr. KRUGMAN. Well, first let me say that David Olds is doing a cost study. And let me also say that home visitation is not only helpful—and Doug said this this morning relating to Olds's work—it's not only helpful in preventing child abuse, it reduces unnecessary emergency room visits and reduces Medicaid costs. It does help these young mothers not have, for whatever reason, their second baby within the next year, but they put them off for two and a half years. That alone saves huge amounts of money and AFDC costs for many of these families.

The reality is in some of Olds's now as yet unpublished work the costs of using public health nurses as home visitors in his studies are nearly recouped by the county within three years of when he studied it in that area.

This Board has asked repeatedly, that is twice in its two reports, for a cost study that would be done nationally to let us know what the costs of our present system of trying to protect children is costing us, and what would the cost be of not implementing the prevention program. We still wait for that data. We don't have direct figures, Congressman Cramer, but we believe that when those figures are out, that this intervention will be shown to be of all of them the most cost effective.

Mr. CRAMER. Thank you.

Chairwoman SCHROEDER. One of the things that we have been looking at which builds along this line is the same problem with immunizations. I know the administration has been worried about that, too. How do you immunize children? And one thing that we have looked at is whether or not it is legal for hospitals to find out where the people live upon birth and give those names to the local school. And then if you have the school nurse doing the outreach with community programs and things, you do two things. You start to get nurses back into the school—and many have had those cut back, but it becomes a more family friendly place where people are willing to go than a clinic or something that—and if you then build upon your premises that the Department of Education should be working on educating people within the system as to what it feels like to be a victim and helping kids come forth, it might fit in that category. But it would be an interesting thing we might be able to build on if we looked at that.

Dr. KRUGMAN. We have an example in the report of an infant that I saw here in our Children's Hospital in January of this year

who was in the premature nursery for 13 weeks, and we spent nearly $125,000 of Medicaid dollars on and the neo-natal group did a beautiful job in having this baby leave after 13 weeks a happy, healthy baby. The nursing staff had noticed in the three or four visits that the 16 year-old mother and her 19 year-old father when they came, that they fought violently. They reported the case. The county told them the baby has not been abused, there is nothing we can do now, and within four weeks after that baby's discharge from the hospital it was back with massive brain injuries, retinal hemorrhages and near death.

The baby did not die but will be involved in long term care and disability costs for a very long time. The individual is likely to be prosecuted and spend many years in our penitentiary at $25,000 a year. It is my belief that it is probable—not definite, but probable—that a home visitor would have recognized that. I think a home visitor in that case would have needed training, would have recognized by two weeks of age when other family members later told us this baby was covered with bruises, that something was going on and would have gotten it dealt with then. We can use volunteers for everyone. We can make it voluntary. It should not be mandatory. But a voluntary network with every church, every community center, every hospital, every corporation deciding to take care of and reach out and provide a supporting community to every family that is having a new baby would go a long way to building the base on which we could then develop and focus our resources on those we identify as high risk and who need more professional help. But it won't just happen if we say social services should do it or public health should do it, and try to get them to go into every home and figure out what is going on.

Chairwoman SCHROEDER. Well, I want to thank the panel. You have been absolutely magnificent. We have many questions that we are going to submit for the record, if you do not mind, because it just takes so much time to do this.

But I want to say I like the tone of everybody trying to solve the problem. And I think part of it, Marilyn, is because of your courage of coming forward and reminding people what problem it is we are really trying to solve. So many times we get into all the technicalities without realizing the damage and how urgent and how necessary it is. So I hope that we can build on your courage, and we as a society can be courageous enough to move beyond even just the battered and abused children to the children who were subjects of incest and put this all out front, as ugly as it is. We need to say, we are going to deal with this and we are going to get this behind us, because it is incredible that year after year we meet and the statistics get worse.

So thank you for your courage to remind us what this is really all about, and I am so pleased to hear about Dr. Sullivan, and maybe we can all work it out. And I think with his pushing and the Congress pushing and everyone, maybe we can get the society to adopt some of your courage.

Thank you very, very much for all being here.

Our next panel this afternoon is three people who represent prevention programs that are very, very successful in dealing with the issue that we are talking about, battered and abused children.

First we have David Espinoza, who is the Executive Director of La Causa Day Care Center in Milwaukee, Wisconsin.

Then we have Cresson Carrasco—I hope I did that right. I have been practicing and I am sure I blew it. But she is a parent/infant psychotherapist from the Community Infant Project in the Mental Health Center of Boulder County in Boulder, Colorado.

And Barry Bennett who is the Program Manager of Innovative Treatment Programs, Division of Adult, Child and Family Services, Iowa Department of Human Services, Des Moines, Iowa.

We want to thank all of you because our understanding is you are out there and you are working with programs which show that they work, so we want to hear about them. And David, let's start with you. The floor is yours and we will put your entire statement on the record. Go for it.

STATEMENT OF DAVID ESPINOZA, EXECUTIVE DIRECTOR, LA CAUSA DAY CARE CENTER, INC., MILWAUKEE, WI

Mr. ESPINOZA. Thank you. Madam Chair and Congressman Cramer, my name is David Espinoza. I represent La Causa Day Care Center, Incorporated. We are a non-profit community agency in Milwaukee, Wisconsin serving low income, high risk families in the inner city. Our services began with a day care program in 1971 and have grown over the years to also provide a Head Start and kindergarten component, family support services, home visitation services, crises nursery and a foster care program. Our curriculum focuses on the various ethnic cultures of its' children, with child care instruction and family support programs provided in both English and Spanish.

Milwaukee is a community living on the edge. Statistically, Milwaukee appears to represent the trends in urban society, high unemployment, drug abuse and addiction, and violence.

Milwaukee County has experienced a growing rate of referral for abuse and neglect from approximately 3,000 in 1982 to 10,000 in 1990. Professionals in the field find a direct correlation between the increasing cocaine and substance abuse and child abuse and neglect.

However, this is not a complete picture. During the past three years, renewed energy has been brought into aiding specifically depressed communities. Neighborhood residents are working together to form neighborhood councils to make government accountable to our community and take back control of children's destiny.

A collaboration of agencies have formed the Child Abuse Prevention Network. This group of 139 agencies is committed to bringing effective prevention programs to the inner city.

Another collaborative effort our agency supports and actively participates in is the 53204 and 53206 Neighborhood Coordinating Councils. The councils were formed to bring needed resources and programs into the area. And it is because of the vision of these councils and the Network that the idea for a crisis nursery became a reality in Milwaukee.

La Causa Family Center is the first crisis nursery in Milwaukee County. The Family Center is a prevention approach to the issue of abuse and neglect of children. The program is based on a holistic

model of providing support to the parents and children during times of crisis or emergencies.

Our primary purpose is to ensure the safety of children. The Center functions as a temporary shelter primarily for children ages five and under. Parents who find themselves in stressful, crisis or emergency situations are encouraged to contact the Center to seek assistance through the emergency child care or crisis intervention counseling. The services are available around the clock on a 24-hour basis, seven days a week.

The crises nursery concept approaches child abuse and neglect from the understanding that by providing direct support to parents in a broad based approach the potential for abuse can be eliminated.

Our first year in operation we exceeded all our goals in terms of providing services to families in crisis, having served 125 families with a total of 284 children. A large part of the credit for this success is owed to the many community networks and community agencies working with us to accomplish a shared goal. Many of our clients are referred from other agencies and programs. Early on this year we had a call from a woman with three children. She had called the Social Services office and wanted to place her children in foster care. She related feeling overwhelmed with stress and was not able to continue being the sole caretaker of the children. She was referred to La Causa. We were able to provide respite for her children and help her to regain her coping abilities. The family has stayed together and foster care placement was not needed.

The Family Center has established a reputation for serving all families regardless of color or ethnicity. The children served reflect the diversity of Milwaukee County with Black, Caucasian and Hispanic almost equally represented. The families utilizing the Center fit the category of an at-risk family with children who are physically or mentally challenged, emotionally disturbed, learning disabled, physically ill from alcohol and drug abusing environments, and/or at-risk for potentially being abused and neglected.

Our staff is multi-cultural and racially diverse representing Caucasian, Asian, Hispanic, American Indian and African-American heritage. All our staff has a strong commitment to nurture and protect our children.

The crisis nursery has many positive stories to tell. There is a mother who arrived at our center on a cold winter's day with her eight children. They had no place to stay and were all dressed in very light clothing. They wanted a place to rest before continuing to Indiana to visit her mother's grave. They were walking. The children stayed at the center and we assisted the mother in accessing treatment. She was diagnosed as bi-polar, or in lay terms, manic depressive. She received treatment and with some additional community support she continues to maintain a home and keep her family together.

We also saw a single father of three boys who received a severe back injury, lost his job and needed physical therapy. Because he had no one he could leave his sons with, we scheduled them to stay with us for the several hours a week that he went to therapy sessions. Today, he is back at work, his family is together, and he has just purchased a home.

Periodically we care for Michael, a five-year-old who was born with severe physical problems. He is globally handicapped, confined to a wheelchair, and cannot provide for any of his basic needs. The mother uses our center on occasion when she needs to go for an appointment or just needs a break from the demands of the continuous care.

The bottom line from this testimony is that we feel the community is a very essential part to create the change and create a better future for these children, and we would like you to help us to continue funding programs for our community.

Thank you for your congressional support that has made this possible for us. We can assure you that prevention programs work, and we are very glad to be a part of it.

Thank you.

PREPARED STATEMENT OF DAVID ESPINOZA, EXECUTIVE DIRECTOR OF LA CAUSA DAY CARE CENTER, INC. MILWAUKEE, WI

Good Afternoon Madame Chair and members of the Committee.

Thank You for holding this hearing on Child Abuse and Treatment in the Nineties.

I am David Espinoza, Executive Director of La Causa Day Care, Inc. We are a non profit agency in Milwaukee, Wisconsin serving low income, high risk families in the inner city. Our services began with a day care program in 1971 and we have grown over the years and now provide a headstart component, before and after school child care, transportation for the children, as well as family support services, and a foster care program. Our curriculum focuses on the various ethnic cultures of its' children, with child care instruction and our family support programs provided in both English and Spanish.

Milwaukee is a community living on the edge. Statistically, Milwaukee appears to represent the trends in urban society, high unemployment, drug abuse and addiction, and violence.

Milwaukee County has experienced a growing rate of referral for abuse and neglect over the past years from approximately 3,000 in 1982 to 10,000 in 1990. Professionals in the field find a direct correlation between the increasing cocaine and substance abuse and child abuse and neglect. The increased pressure of the growing foster care placements and neglect and abuse case load have led some county officials to consider reopening the county orphanage.

However, this is not a completed picture. During the past three years, renewed energy has been brought into aiding specifically depressed communities. Neighborhood residents are working together to form Neighborhood Councils to make government accountable to the community and take back control of children's destiny.

A collaboration of agencies have formed the Child Abuse Prevention Network. This group of 139 agencies and organizations are committed to bringing effective prevention programs to the inner city.

Another collaborative effort our agency supports and actively participates in is the 53204 and 53206 Coordinating Councils. These Councils were formed to bring needed resources and programs into the area. And it was because of the vision and support of the Child Abuse Prevention Network, the 53204 and 53206 Coordinating Councils that the idea for a crisis nursery became a reality.

La Causa Family Center is the first crisis nursery in Milwaukee County. The Family Center is a prevention approach to the issue of abuse and neglect of children. The program is based on a holistic model of providing support to the parent(s) and children during times of crisis or emergencies.

The primary purpose of the Family Center is to ensure the safety of children. The Center functions as a temporary shelter for children ages 5 and under (when necessary older siblings to age 13, can stay rather than separate family members). Parents who find themselves in stressful, crisis or emergency situations are encouraged to contact the Center to seek assistance through the emergency child care or crisis intervention counseling available in English and Spanish. The services are available around the clock on a 24 hour basis, 7 days a week.

Dr. Fuller, past Director of Milwaukee Department of Health and Social Services has stated that Milwaukee's Department of Child Protective Services reports a reduction in the number of calls they received since the Crisis Nursery has opened. The crisis nursery concept approaches child abuse and neglect from the understanding that by providing direct support of parents in a broad based approach the potential for abuse can be eliminated. La Causa works with parents to identify family and neighborhood resources. Our counseling is short term and addresses parenting skills and communication skills; we also offer a parents support group.

Our first year in operation we exceeded all our goals in terms of providing services to families in crisis, having served 125 families with a total of 284 children. A large part of the

credit for this success is owed to the many community networks and community agencies working with us to accomplish a shared goal. Many of our clients are referred from other agencies and programs. Early on this year we had a call from a woman with three children, she had called the Social Services office and wanted to place her children in foster care. She related feeling overwhelmed with stress and was not able to continue being the sole caretaker of the children. She was referred to La Causa Family Center. We were able to provide a two day respite for her children and she was able to seek out other community resources and regain her coping abilities. The family stayed together and foster care placement was not needed. This family has since utilized our services for short periods of time. She is very grateful that we were there for her, but this is what we are all about.

The Family Center has established a reputation for serving all families, regardless of color or ethnicity. The Center has developed a multi-cultural program which is inclusive and sensitive to the needs of the majority of the community. The children served reflect the diversity of the Milwaukee community with Black, White and Hispanic almost equally represented. The families utilizing La Causa Family Center fit the category of an at risk family. The Center sees children in high risk categories for abuse and neglect: children who are physically or mentally challenged, emotionally disturbed, learning disabled, physically ill, and/or from alcohol and drug abusing environments.

Our staff is multi-cultural and racially diverse representing Caucasian, Asian, Hispanic and African-American heritage. The staff has received cultural sensitivity training through several programs sponsored by local agencies. Also we are attending more programming with culturally related side issues being addressed, ie. several staff members are currently being trained as "nurturing" specialists with a focus on the Hispanic family. And we will soon be the first agency in Milwaukee offering the "nurturing" program in Spanish.

The Crisis Nursery has many positive stories to tell. If I may I would like to relate a few short examples to you at this time.

There is Marilyn who with her eight children arrived at our door on a cold winter's day. They had no place to stay and they were all dressed in very light clothing. They wanted a place to rest before continuing on their way to Indiana to visit Marilyn's mother's grave.....they were walking.

Our staff kept the children and assisted Marilyn in accessing treatment. She was diagnosed as bi-polar or in lay terms manic depressive. She received treatment and with some additional community support she continues to maintain a home and keep her family together.

There is Steven the single father of three boys who received a severe back injury, lost his job, and needed physical therapy. Because he had no one he could leave his sons with we scheduled them to stay with us for the several hours a week that Steven went to therapy sessions. Today, Steven is back at work, his family is together and he has just purchased a home.

And we periodically care for Michael. Michael is five years of age and was born with severe physical problems. He is globally handicapped, confined to a wheelchair and cannot provide for any of his basic needs. The mother utilizes our Center on occasion when she has no one else and she needs to go for an appointment or just needs a break from the demands of continuous care. And we are grateful that we can be there.

Thank you for the Congressional support that has made this possible. We can assure you that prevention models do work and we are glad to be a part of it.

Chairwoman SCHROEDER. Thank you very much, Mr. Espinoza.

Let's move on to our next witness from Boulder, Ms. Cresson Carrasco.

Thank you very much for being here. The floor is yours.

STATEMENT OF CRESSON CARRASCO, PARENT-INFANT PSYCHOTHERAPIST, COMMUNITY INFANT PROJECT, MENTAL HEALTH CENTER OF BOULDER COUNTY, BOULDER, CO

Ms. CARRASCO. Thank you. Good afternoon, Madam Chair. It is an honor to join you as we consider what can be done to prevent and heal from the devastating effects of child abuse and neglect.

Before I begin with my comments, I would like to read briefly excerpts from a letter that was handed to me just before the hearing began. It is a letter written by a teen mom who has a toddler and a newborn. She has been a part of the Community Infant Project for the past two years. Her therapist, Claire, who is here in the audience, received this letter today as she took this mom to the bus to go out of state to visit her mother with the two children.

So it goes, "Well, CIP has been a great deal of help to me for the past two years. I've gotten help with more effective ways to discipline, rather than hitting my children like my mother did me. I learned through Claire's help that a lot of the solutions to my own problems are in me if I just look hard enough for them. The people at CIP are very helpful and really understanding. They try not to judge before they get the full picture. Because of them, I feel a lot more confident that I can do it on my own and I can trust my own judgment. And if I need help, I feel that I can ask for it. But in all, Jane and Claire helped me to be a better person and a better mother. That's the most important thing to me. Thanks for listening."

Chairwoman SCHROEDER. That's terrific.

Ms. CARRASCO. I thought that said it well.

Chairwoman SCHROEDER. That really says it better than anything.

Ms. CARRASCO. The birth of a newborn ushers in a time of great challenge as well as tremendous opportunity for growth and change. There is no other time in the life cycle when families are as open to support and to the possibility of healing. The Community Infant Project, or CIP, takes advantage of this fertile time which is so ripe with possibilities by offering intensive, home based services for moderately to severely dysfunctional families during the prenatal period and for infants through the first three years of life.

The families are typically referred to CIP by a service provider in the community who has become concerned that a mother or family may be at risk for having serious difficulty in parenting. The risk factors are many and varied, including a lack of adequate housing, food and medical care, a history of physical or sexual abuse, neglect, substance abuse, a psychiatric disorder, a desire to terminate a pregnancy or relinquish a child, or history of early parent loss. These are families who are characteristically isolated, unmotivated and mistrusting of outsiders. It is important to note that CIP families are often not asking for and do not perceive the reason for intervention.

The decision to incorporate home visitation as a primary intervention approach was based on the need to reach a specific population of parents and infants. Most families at risk for child abuse and neglect experience difficulty in soliciting and using support outside of the family. So we do home visiting in order to reach parents and families that we would otherwise not see.

We also recognize that the time around the birth of an infant is not a time that parents generally leave their homes to reach out for support. Traditionally, it is the community that offers support to mothers and families.

Furthermore, home visiting is the only way to gain a genuine appreciation and understanding for who these families are and how they live. In their own homes, mothers and families, are able to show us what they are often not able to say.

The Community Infant Project offers the services of a professional team of parent/infant psychotherapists and nurses trained in maternal child health. We understand that a parent's behavior towards their children often reflects his or her own experience as a child. Thus, these parents are often able to eloquently show us through their insensitive and unempathic treatment of their young children the connection to their own unmet needs, their own unanswered cries, and their own pain from the past. It is our task to assist these parents in working through the issues of the past which interfere with their empathic care towards their children.

The circumstances and challenges of families of CIP are many and varied, and it would not be possible to describe a typical family. However, I would like to share a bit about Marsha, a young, single mother of a toddler and a six-week old infant, all living in a tiny, impoverished two-room apartment. For a brief time, Marsha had received prenatal services from a nearby family clinic, but for reasons not clear to the staff, she had stopped coming for appointments. The family was then referred to the Community Infant Project. The CIP therapist's initial visits with Marsha took place through the partially opened screen door as the therapist remained outside on the front step. Across many such visits the therapist was to come to understand something of the psychological meaning for this young woman of this simple, physical "boundary," represented by the door. Many aspects of boundary, both physical and psychological, had been violated in Marsha's childhood. In particular, the therapist was to learn that Marsha had been sexually abused repeatedly by two uncles throughout her childhood. Her mother had been aware of the abuse but had failed to protect her young daughter. These violations remained a source of obvious pain and sensitivity to Marsha as she tried to protect herself and her children. At the same time, she struggled with her attachment to her infant son because the caring for him triggered painful memories of her past abuse.

The therapist was able to sense the importance of the restrictions imposed on their earliest meetings and chose to respect them.

Gradually, Marsha was able to allow the therapist to come into the apartment, though both of them remained standing throughout the entire visit. Eventually, after a number of such visits, the therapist was invited to sit down. Marsha and her therapist were to accomplish many things throughout the course of a fairly secure and

enduring therapeutic alliance. Marsha became more responsive to the needs of her infant son, she and her children began to attend the family clinic for medical checkups once again, and finally, she was able to take advantage of the resources of a number of the other county agencies which had seemed thoroughly inaccessible to her before.

As a therapist with the Community Infant Project, I am convinced that we have made a substantial difference in the lives of families such as Marsha's, and the one that we just read the letter from. We have helped to reduce unnecessary out-of-home placements and have decreased the incidents of child abuse and neglect. We know how to prevent much of the harm that is done to children in our society today. Although the Community Infant Project is a small program, unable to respond fully to the needs for such services in the county, we are grateful to the Boulder County Commissioners for demonstrating a genuine commitment to the continuation and expansion of this important program. We are hopeful that communities throughout the country will develop additional primary prevention programs to support and strengthen young families.

Thank you.

[Prepared statement of Cresson Carrasco follows:]

PREPARED STATEMENT OF CRESSON CARRASCO, PARENT-INFANT PSYCHOTHERAPIST, COMMUNITY INFANT PROJECT, MENTAL HEALTH CENTER OF BOULDER COUNTY, BOULDER, CO

THe Community Infant Project is a prevention-oriented, early intervention program that is geared toward building family strengths and alleviating parenting dysfunctions during the prenatal period and the infant's first three years of life. The goals of the program are:

1. To ensure the health, safety and developmental progress of infants zero to three.
2. To strengthen family development during the early parenting experience.
3. To engage in community education concerning the importance of primary prevention for children zero to three.

The program is a non-traditional, non-didactic mental health model for parents who are at moderate to high risk for parenting dysfunction. There are two basic operating assumptions. First, we recognize that even under the best of circumstances, parenting is a difficult task. The families that CIP serves face the demands of parenting their new infant under extremely challenging circumstances. Secondly, it is our belief that all parents want to do the best for their children. We know that the birth of an infant presents young mothers and new families with a great challenge as well as a tremendous opportunity for growth and change. However if a new mother's needs are not being met, we know that a young infant's needs are likely to go unmet often with devastating developmental consequences.

The Community Infant Project (CIP) arose out of the concern of a group of service providers in Boulder who began meeting in the early 1980's to discuss the need for early intervention in the lives of infants who are at high-risk for abuse, neglect and what Lisbeth Schorr(1988) calls "rotten outcomes". These providers were strongly influenced by the work of Selma Fraiberg, a pioneer in the field of parent-infant psychotherapy, a process which utilizes psychotherapists who are skilled in assessment and assisting parents in working through past issues which hinder their empathic responsiveness to their infants. This group of concerned professionals began to formulate a plan to introduce an early intervention program in Boulder County. They worked to obtain funding for the new program which was to be sponsored by the Departments of Public Health and Social Services and the Mental Health Center of Boulder County. While CIP is administered within the Mental Health Center, Public Health has provided public health nurses to the program and Social Services has provided funding for a parent-infant therapist. It is important to highlight the coordinated nature of CIP services. CIP was originally conceived, in part, to respond to the need for greater coordination among the several county agencies which often became involved in the treatment of families with young infants. Members of the three sponsoring agencies have worked closely on behalf of CIP and CIP families to define goals, problem solve and coordinate and develop services.

The Community Infant Project is designed to provide intensive home-based services to high-risk families prenatally and during the first three years of a child's life. This time frame allows the team to capitalize on the families' transition and need for additional support as well as to focus the intervention early in the child's life. Referrals to the program come from many of the existing agencies and programs serving families throughout the county, such as the WIC nutrition program, community health clinics, prenatal programs and the

county Department of Social Services. Very few clients are self-referred. Most clients are identified by service providers who are concerned about the potential for abuse or neglect of an infant. Ten issues have been identified by the project as risk factors for parenting dysfunction. All of the factors have been present to a significant degree in the group of mothers receiving CIP services throughout the years. The most commonly encountered risk factor of CIP mothers is a history of abuse in their own childhood. Other factors include: major psychiatric disorder, spouse abuse or history of abusing one's own children, expressed desire to abort or relinquish during pregnancy, parent loss prior to age 5, medical complications during pregnancy/birth, substance abuse, a premature or handicapped infant and a history of suicide attempts. Referrals are taken during the mother's last trimester of pregnancy or during the first six months of the infants life.

The Community Infant Project offers home based services with home visitation comprising two-thirds of all client contacts. The decision to incorporate home visitation as the primary intervention approach was based on the need to reach a specific population of parents and infants. Most families at risk for child abuse and neglect experience difficulty in soliciting and using supports outside the family. In describing the significant proportion of abusive parents who themselves experienced abuse and neglect as children, Steele (1980) points out that "it is not surprising that as a result of these experiences in childhood, we see adults who are somewhat socially isolated and have a great deal of difficulty in reaching out to others for help and assistance"(p.57). Thus we do home visiting in order to reach families we would not otherwise see. They are families who are characteristically isolated, unmotivated, and often mistrusting of outsiders.

A second reason for offering home-based services comes from our recognition of the relative lack of mobility experienced by many new mothers in late pregnancy and in the first 3-4 months post-delivery. "Packing up" a newborn to be carried outside the home (not to mention additional young siblings) can be a real chore and can involve a certain degree of risk and worry, especially in inclement weather. Also, many women naturally experience a desire to stay close to home with their infant during the first few months postpartum as they are getting to know their infant and her unique rhythms and personality. New mothers also naturally experience a need for greater nurturance for themselves during this relatively vulnerable period as they adapt and recover, both physically and emotionally, from the birth experience. Thus, for many reasons, the time surrounding the birth of a new baby can be a difficult period for any new mother.

An additional reason for doing home visiting is that it is the only way to gain a genuine appreciation and understanding for who the families are and how they live. In her 1986 plenary address to the National Symposium in Child Abuse & Neglect, Jeree Pawl stated, "On a home visit you cannot avoid the taste, smell and shape of their lives. You do not experience it as they do-but you begin to imagine what it must be like to take this world for granted."

Typically a nurse and a therapist and occasionally a trained volunteer are assigned to a client family. This team reaches out to the family. Through their contacts with the family, they offer a caring, predictable and supportive relationship. This may be the first

such relationship that the young mother or family has experienced. As this trusting,respectful relationship grows, it becomes our most potent tool for intervention in seriously dysfunctional families. It is important to note that often the client families are not asking for and do not perceive a reason for intervention. However we continue to reach out in the best interest of the infant. In order to establish a trusting connection with a family, we will address whatever concern or need is presented. The nurse and therapist work closely the coordinate services and interventions.

We strive to create an individualized treatment approach for each family in the program. The role of the nurse specifically focuses on maternal and infant health and nutrition, infant feeding issues and child development and safety. The therapist provides a blending of emotional support, parent-infant psychotherapy and developmental guidance. The program has also utilized volunteers to provide important emotional support and concrete services including transportation, respite care for an exhausted mother, homemaking skills or distribution of donated baby items and toys.

Early evaluation studies of the Community Infant Project assessed eight aspects of family functioning, parenting attitudes, risk factors and the mother's self perceptions. Assessment measures were administered within eight weeks of the initial visit with the family and again approximately six months later. Analysis of the risk factors and measures of functioning revealed that upon program entry, mothers generally functioned at a very impaired level. The vast majority had very poor self-perceptions. More than half expressed inappropriate attitudes toward parenting, and nearly half functioned at a serious to moderately impaired level in most aspects of family life.

After six months of participation in the program, between 55 and 77% of the families were described as functioning at a marginally adequate level in six of the eight areas of family functioning delineated by the project's scale. It was encouraging to see that the program had a marked impact on family functioning in a relatively brief period of time.

In a small comparative study of families with infants referred to CIP but not accepted because the program was full at the time and families receiving CIP services, CIP-treated clients expressed an attitude opposed to corporal punishment. They were also rated more positively in their parenting skills, particularly in their emotional and verbal responsiveness to the infant, their provision of play material and the mother's involvement with the child. Instances of confirmed physical abuse recorded by the state Department of Social Services were twice as frequent in the control group as in the CIP-treated group.

In a cost comparative study (copy enclosed), a family that received CIP services was compared to a family that was involved with the Department of Social Services and the court system. Both families had a child with non-organic failure to thrive, and the costs of services were calculated for a four month period. The average monthly cost of services to the CIP family was $162. The average monthly cost of services to the DSS family was $2032. It is important to note that CIP was able to intervene early and the infant was able to remain in her home. The DSS child needed both hospitalization as well as foster placement.

The circumstances and problems of the families which the Community Infant Project serves are many and varied. In closing, we would like to share the following case vignette from an article on home visiting written by CIP staff and appearing in the September 1987 edition of Zero to Three: Ms. Martinez was a young, single mother of a toddler and a 6-week-old infant, all living in a tiny and impoverished 2-room apartment. For a short time before the birth of this second child, Ms. Martinez had been coming for prenatal visits to a nearby family clinic. For reasons not clear to the clinic staff, she began to miss appointments and eventually stopped coming altogether. The case was then referred to the CIP program.

The CIP therapist's initial visits with Ms. Martinez took place through the partially opened screen door, as the therapist remained outside on the front step. Across many such visits with her, the therapist was to come to understand something of the psychological meaning for this young woman of this simple, physical boundary represented by the door. Many aspects of "boundary"-both physical and psychological-had been violated in Ms. Martinez' childhood. In particular, the therapist was to learn that Ms. Martinez had been sexually abused repeatedly by two maternal uncles across a seven year period of her childhood. Her mother had been aware of the abuse, but had not protected her young daughter from these uncles. These violations remained a source of obvious pain and sensitivity for her. As a young mother, Ms. Martinez had found an important source of security within the boundaries of her small home, and these could not easily be shared.

The therapist was able to sense the importance of these conditions imposed upon their earliest meetings, and chose to respect, not challenge, them. Gradually, Ms. Martinez was able to allow the therapist to come into the apartment, though both of them remained standing throughout the entire visit. Eventually, after a number of such visits, the therapist was invited to sit down. Ms. Martinez and her therapist were to accomplish many things throughout the course of a fairly secure and enduring alliance. She and her children began to attend the family clinic for medical checkups once again, and she was able to take advantage of the resources of a number of other county agencies which had seemed thoroughly confusing and inaccessible to her before. Through her relationship with the CIP therapist, Ms. Martinez began, cautiously and slowly, to allow other people to make contact with her. The creation of such an alliance must be seen as the result of a delicate balance between persistence and sensitivity on the part of the home visitor, who would not likely have succeeded if she had insisted upon some set of inflexible or institutionally derived "rules" for the establishment of this therapeutic relationship. This case vignette of Ms. Martinez and her children provides a good example of a family that was able to benefit from intensive, home-based, parent-infant treatment such as the Community Infant Project is able to offer.

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CIP FAMILY A

PRESENTING PROBLEM:	NON-ORGANIC FAILURE TO THRIVE	
RESIDENCE:	LONGMONT	
PARENTS:	MOTHER AGE 29 WHEN INFANT WAS BORN FATHER AGE 28 WHEN INFANT WAS BORN	
CHILDREN:	FIRST BORN FEMALE RELINQUISHED *FEMALE 5-12-84	
PERIOD OF STUDY:	6/7/84 to 10/7/84 4 MONTHS	
INTERVENTIONS AND COSTS:	CIP STAFFING (1 HR. X 4 THERAPISTS)	$51
	CIP THERAPIST (30 HOURS)	405
	PUBLIC HEALTH NURSE -HOME VISITS (4 HOURS) -OFFICE VISITS (2 HOURS)	 160 38

*COSTS ARE TIED TO THIS CHILD

TOTAL 4 MONTH COST:	$654
AVERAGE MONTHLY COST:	$164

BEST COPY AVAILABLE

MATCHED DSS FAMILY A

PRESENTING PROBLEM:	NEGLECT;NON-ORGANIC FAILURE TO THRIVE	
RESIDENCE:	LONGMONT	
PARENTS:	MOTHER AGE 22 WHEN INFANT WAS BORN FATHER SEPARATED FROM MOM WHEN INVOLVEMENT WITH DSS BEGAN BUT INTERESTED IN CUSTODY	
CHILDREN:	FEMALE 8-23-81 *FEMALE 6-14-83	
PERIOD OF STUDY:	11/2/83 to 3/1/84 4 MONTHS	
INTERVENTIONS AND COSTS:	3 MONTH FOSTER HOME PLACEMENT	$468
	2 HOSPITALIZATIONS (5-6 DAYS)	2243
	POLICE DETECTIVE (2 HOURS)	34
	DSS INTAKE WORKER (15 HOURS)	200
	DSS ONGOING WORKER (42 HOURS)	558
	MHC THERAPIST (5 HOURS)	62
	COUNTY ATTORNEY'S OFFICE (30 HOURS)	1110
	GUARDIAN AD LITEM (45 HOURS)	1203
	MOM'S ATTORNEY-COURT APPOINTED (55.9 HOURS)	1503
	JUDGE, COURT REPORTER, LAW CLERK (10.5 HOURS)	548
	JUDGE, DIVISION CLERK (5 HOURS)	199
TOTAL 4 MONTH COST:	$8128	
AVERAGE MONTHLY COST:	$2032	

STATEMENT OF PROGRAM PARTICIPANT ACCOMPANYING CRESSON CARRASCO

THE CIP PROGRAM

Well, CIP has been a great deal of help to me for the last 2 years. I've gotten help with more effective ways of discipline rather then hitting my children like my mother did me. I've learned through Clare's help that a lot of the solutions to my own problems are in me if I just look hard enough for them. The people at CIP are very helpful and really understanding. They try not to judge before they get the full picture if they didn't I might have been put in a Hospital a long time ago. That's a joke! Ha! Ha! Clare Scott and June McKinnley became my friends over the two years that I saw them. They always told it to me straight, they didn't sugar coat things just to spare my feeling. They told me what I needed to hear even if it made me mad. They did it cause they really cared. They will always be welcome in my

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home. But now it's not as my CIP workers but as my friends! Because of them I feel a lot more confident that I can do it on my own and I can trust my own judgment and if I need help I feel that I can ask for it!

But in all Jane and Clare helped me to be a better person and a better Mother! That's the most important thing to me! Thanks for listening!

Chairwoman SCHROEDER. Thank you very much. That's very helpful.

Barry Bennett, you are up. We welcome you and we are happy to have you here.

STATEMENT OF BARRY BENNETT, PROGRAM MANAGER, INNOVATIVE TREATMENT PROGRAMS, DIVISION OF ADULT, CHILD, AND FAMILY SERVICES, IOWA DEPARTMENT OF HUMAN RESOURCES, DES MOINES, IA

Mr. BENNETT. Thank you. I want to thank the committee for the opportunity to share information about Iowa's Child Welfare Decategorization Project. We think that our project is an exciting example of how public policy can revitalize and refocus community child welfare systems.

Just as in many other states throughout our nation, the influx of chiidren into foster care in Iowa increased dramatically during the 1980s. From 1982 to 1987 our foster care population increased by over 40 percent, despite the fact that our child population decreased by 8 percent. The result of this foster care influx was frequent requests for supplemental state foster care appropriations and a severe strain on our ability to provide a safe foster home environment for our children needing care.

As a response to this crisis, our state piloted, beginning in 1987, pursuant to a legislative mandate, a family preservation program based on the homebuilders model. This program is now available statewide throughout our State in Iowa. It is funded entirely with state dollars, and it has been well received in the communities where it is operated. Independent evaluation has shown it as very successful in preventing the placement of children virtually knocking at the door of our foster care system.

As we studied and implemented family preservation in Iowa, we became pointedly aware that our child welfare service system is funded through a complex and often contradictory system of funding streams. These systems each have their own categorically based eligibility requirements, that are often capable of navigation only by the most exemplary of child welfare workers, let alone the families that must seek and access services through these systems, and they often inhibit cooperation and encourage turf battles in the communities that they hope to serve. Over the past three years in Iowa, we have piloted what we call child welfare decategorization in four of our largest counties, accounting for 25 percent of Iowa's population. Through this initiative, our state has permitted these four counties to pool all the state funds for child welfare services that they would receive from the state through foster care, through home base services, staff salaries, through funds for the institutional care of children in our delinquent institutions, our institutions for the mentally ill, to pool all those funds that the county would receive into one large fund, and to develop the systems of local cooperative planning and local needs assessment to design service

systems that are more family based, more cohesive, less fragmented, and more capable of providing preventative services in those regions.

The state's charge to these counties has been to develop a broad based community assessment, community involvement process, and also to develop new service systems that reflect that community's unique needs, along with value bases that services should be accessible to those who need them, that services should be, whenever possible, integrated so that families do not have to go through several different agencies before they receive the help they need, and that they should be based on a philosophical premise of supporting families rather than resorting to placement as a first response to their crisis.

These programs have been extremely well received in the four counties that have voluntarily embarked on this mission, and they have, I think, brought about substantial changes in redirecting resources. In one of our counties, for example, over 300 people representing 35 community organizations have taken an active part in the strategic planning for that county's child welfare service system.

In the first year of operation, in the two counties that started in 1989, substantial redirection of services has taken place. Both of these counties have approximately lowered their foster care population by 10 percent, they redirected resources toward more family focused interventions, and they have done some strategic planning for future needs and programs they would like to see adopted over the next several years.

I think that has had a positive impact on a system change. It has also had a positive impact for the individual families who receive services through those systems. For example, in several of our counties children who would have been heretofore under our old system placed out of state, some as far away as specialized programs in Texas, have been able to be placed in a local basis with kind of an individualized approach of community based services by the mere fact the people who in the past were not cooperatively assessing these children are now sitting down in one room and deciding what can we do to make the maintenance of this child near his community and near his family a community responsibility. I think that's been a very positive type of change in our system.

We have seen also in the counties where we have had this initiative a greater collaboration in sharing of resources between systems. For example, in one of the counties where decategorization is working, in Scott County, in Iowa, the Robert Wood Johnson Foundation was impressed enough by the positive community involvement through the Child Welfare Service Decategorization that they awarded the county a three year grant to improve the delivery of child health services and reduce the problems of infant mortality in that county.

In another county, in Polk County, the school and the Child Welfare Human Service Organization collaborated to get a grant to provide more coordination for emotionally disturbed children in the school system who are also clients of our child welfare system.

It is our belief that decategorization is a promising way of regalvanizing and refocusing services and making services more accessible and delivered with more of a consistent family focus.

It is our belief that communities have a shared responsibility not only in the investigation and reporting of child abuse, but also in the creation of a suitable array of less restrictive services in that community to meet the needs of vulnerable families. We think decategorization is a way of empowering those communities to do that work.

While there is obviously great gains from this program, there is also a substantial risk to our state. Our state, like many others, is buffeted by economic down turns and slow growth. Most of the state funds—most of the funds that go into this initiative that are being let out for this creative force in the counties is State money. It is tougher and tougher to get that kind of support in an era when many states are coping with many competing priorities across the board.

We would be encouraged by a stronger Federal presence in supporting some of the initiatives and the programs—the model programs that we think we have implemented in our state, and we also think there is a valuable Federal role in terms of supporting demonstration projects like decategorization and other initiatives in offering technical assistance and training, and especially help in evaluation components of projects like this. It is only one initiative that has a chance I think, one approach to refocusing child welfare services—looking at the State level as much as the Federal level, I think is, on how educational systems, mental health systems, human service systems can get coherent policies that help rather than harass families and also that don't have an unintentionally harmful impact on families.

We are also a strong believer in family preservation as a way that ultimately families can be more effectively supported, and we would be encouraged by whatever Federal role there can be in augmenting this kind of support.

I think that we are learning more and more in the whole child welfare field about technologies that work, and the technology that works in one area is not necessarily going to be right for another area. We need interventions that are appropriate, we need interventions that are culturally sensitive, we need interventions that are delivered with empirically proven practice standards or programmatic standards. But I think we do need to look at more of a coherent and consistent policy of supporting some of these initiatives that we do know work. So as we add technology, that has a proven track record of being effective, there are funding mechanisms that give incentives to our states and local communities to implement those endeavors.

Thank you for the opportunity to share this information with you.

[Prepared statement of Barry Bennett follows:]

PREPARED STATEMENT OF BARRY BENNETT, PROGRAM MANAGER, INNOVATIVE TREATMENT PROGRAMS, DIVISION OF ADULT, CHILD, AND FAMILY SERVICES, IOWA DEPARTMENT OF HUMAN SERVICES, DES MOINES, IA

On behalf of the Iowa Department of Human Services and the people of Iowa, I wish to thank the Select Committee for providing me with the opportunity to present information about our Child Welfare Decategorization Project at this field hearing. We believe that this Iowa project is a valuable experiment in developing more effective state and local methods of supporting vulnerable families and protecting our children.

THE PROBLEM AND GENERAL APPROACH

The Iowa Department of Human Services (DHS) Child Welfare Decategorization Project was designed as a bold approach intended to restructure the delivery of child welfare services to be more community-based, family-centered, and placement-prevention oriented.

Decategorization of the child welfare system is predicated on the concept of pooling numerous public child welfare funds. The project entails development of a comprehensive community planning process for the flexible and efficient utilization of the pilot county's funding pool. The result is integration and individualization of service responses to the needs of families and children. The four pilot decategorization counties represent almost 25% of Iowa's 2.8 million people.

This Iowa initiative was fueled by steadily escalating foster care placement rates and highly fragmented, complex patterns of child welfare funding and services. Decategorization is envisioned as the planning and funding vehicle by which communities can overcome structural barriers which serve to fragment service delivery.

Under decategorization, previously categorically based child welfare funding streams are combined to create the child welfare service fund within each pilot county. These funding streams can include: state and federal foster care, in-home service funds, direct DHS staff funds, day care funds, adoption service funds, and allocations for state institutional care, for delinquent, mentally ill and mentally retarded children. These funding streams represent a combination of federal, state, and local funds united in the movement to create a locally driven and responsive service system.

For FY 1991, over twenty-six (26) million dollars in child welfare funds is budgeted for service system development in Iowa's four decategorization counties. As the projects evolve, Polk and Scott have already shown promising shifts in overall spending patterns toward local, family-based services and will be able to reinvest their savings from foster care reductions in community services.

The impetus for decategorization in Iowa was a logical outgrowth from implementation of intensive family preservation by DHS in 1987. During the 1980's, Iowa child welfare leaders and governmental officials became alarmed by burgeoning foster care placement rates - a 40% increase in placements from 1982-87 despite an 8% decrease in Iowa's child population. This marked increase in placements and the accompanying fiscal impacts, coupled with the steady erosion of available foster care placement resources and increased placements in out-of-state treatment centers, created a climate ripe for state investment in family preservation.

Beginning with a legislative mandate in 1987, DHS initiated family preservation programs, based on the Homebuilder model of intensive, time-limited services to families with children of imminent risk of foster care placement. Now available statewide, these projects have demonstrated excellent results with annual evaluation reports documenting that over 66% of families remain intact after one year.

In planning for family preservation, it became apparent that our traditional funding system placed severe constraints on investing in placement-prevention services and in fact, often rewarded placement responses to families in crisis. Maximum federal financial participation occurred when children entered foster care and thus unconsciously programs such as foster care came to be seen as entitlements. Meanwhile, state funded placement-prevention programs struggled for life in the competitive arena of state fiscal limitations.

These realities provided the inspiration for decategorization which was seen as a means of deploying resources more effectively. Valuable leadership was provided by the Iowa legislature, particularly from Senator Charles Bruner. Technical assistance was provided by the Center for the Study of Social Policy, the Edna McConnell Clark Foundation, and the National Conference of State Legislatures.

The Iowa Child Welfare Decategorization initiative was legislatively mandated in 1987. All of Iowa's 99 counties were invited to submit letter of intent and proposals for the program. In August, 1988 Polk and Scott County were chosen as pilot sites and began planning for the first year of implementation to begin July, 1989. In July, 1990, two additional counties, Dubuque and Pottawattamie were selected. Each county is scheduled to operate for at least a three year pilot period. In July, 1990 Polk and Scott completed their first year of decategorization implementation and the results in terms of expanded funding for local, less-restrictive services and reduced reliance on restrictive placement approaches are already being seen.

The Iowa Legislature this year included language to expand the concept to as many counties as interested. Decategorization is now forming the basis of rethinking how the state operates many of its human service programs and may be the basis for major system reform.

Several concepts and activities are central to the Child Welfare Decategorization Project. These include:

- Identifying and merging the county's allocated share of various funding streams into one single child welfare fund.
- Establishing a joint governance structure including the local DHS county director, chief juvenile court judge, and county board of supervisors.
- Developing a community child welfare service plan based on identified client needs and the best utilization of the community's available resources.
- Developing methods to maintain budget neutrality - no more money can be spent under the new system than would have been projected to have been spent under the prior system. The purpose is to maximize the use of existing funds to meet project goals.
- Reducing excessive reliance on expensive placements of children so that cost savings can be retained locally for reinvestment in enhanced community services.

Project Goals and Objectives:

- to enhance the availability of family-centered, preventive services;
- to encourage local ownership of child welfare service delivery systems;
- to deliver services to families driven by client needs instead of narrow categorical criteria;
- to demonstrate a tangible model of how resources can be refocused on less-restrictive and family-centered services; and
- to spur the development at the state and local level of a broader network of accessible, supportive, community-based services for all Iowa families.

Project Innovative Features:

- The degree of local control and autonomy allowed in service design and operation is in bold contrast to most public service systems that tend to be centralized and process-laden. Traditionally, child welfare funding streams have been rigidly defined with distinct rules and target groups. Thus, the merging of these myriad funding streams into a pooled county child welfare fund is a major innovation.

- Pilot counties are given the authority to locally retain any savings over projected expenditures and reinvest these dollars in local community services.

- Counties are encouraged to deliver truly individualized client services by using the funding flexibility of decategorization. Decisions on service funding priorities are made locally.

- Project counties are encouraged to be creative in formulating services and proposals to simplify service access are rewarded.

In all of Iowa's decategorization counties, local community groups have been attracted to the broad-based community service planning process. These groups have included: United Way agencies, mental health centers, health care providers, juvenile court officials, and local child welfare private provider agencies. The major motivator for these intense levels of community participation has been the cornerstone values of community ownership and funding flexibility intrinsic in Iowa's decategorization model. Community involvement in developing the service changes builds consensus and commitment to reform.

In Scott County, over 300 people representing over 35 community organizations have been involved in project planning groups; and as local planning has evolved, leaders from the community, education providers, mental health, and United Way systems have joined in the collaborative planning in all four counties.

As the Iowa Child Welfare Decategorization Project has been implemented the following have been perceived as the most important measure of its success:

- Budgetary impact and degree to which spending for less restrictive and more family-centered interventions has increased;
- The degree to which new or enhanced local services are envisioned, designed, implemented, and successfully operated by local planning groups; and
- The degree of broad-based local involvement and ownership of redesigned service systems and how this collaboration strengthens overall community family support services.

Significant project accomplishments have included the following:

- Scott County increased funding of family-based services by 23%.
- Scott County reduced the average number of children in foster care by 11%.
- Scott County was able to reduce state institutional placements of delinquent males by 22%.
- Polk County enhanced funding for family-centered services and accelerated implementation of family preservation.
- Polk County reduced projected foster care spending by 10%.

New Services

Scott
- adolescent day treatment;
- secure local residential unit;
- expanded day care services for foster parents; and
- Family Assistance Fund for "concrete" services.

Polk
- family preservation;
- therapeutic foster care program;
- enhanced adolescent day treatment program
- enhanced local residential placement options to reduce out-of-state placements.
- enhanced staff training in family-centered practice.

Dubuque and Pottawattamie

- Dubuque has implemented a local day treatment program, modified local residential programs, and expanded local parent education programs.
- Pottawattamie has collaborated with Boystown to survey community baseline perceptions of child welfare services.

Community Involvement

In all decategorization counties, community involvement and ownership has exceeded expectations and expanded to include all major community family support systems (i.e., DHS, juvenile court, county government, schools, mental health services, United Way, substance abuse services, private agencies).

The Polk County decategorization Project and the Des Moines School District received a "collaboration" grant from the Danforth Foundation involving bringing seriously emotionally disturbed children both back into the community and into the classroom (one of only seven out of ninety-one grants funded). Iowa's decategorization project has been visited by a review team from the Department of Health and Human Services as an exemplary project providing comprehensive, community-based, family-centered services, as well as by other states and by grantmaking foundations. The National Conference of State Legislatures has published and distributed to one thousand state legislators a volume, Improving Children's Welfare: Learning from Iowa, that includes the decategorization project as one of two case studies.

As Iowa has implemented decategorization, primary obstacles have centered on obtaining sufficient technical assistance, staff training, project coordination, responsive data information systems, and expanded capacity for outcome-oriented evaluation. Just as with any trailblazing new initiative, there were unforeseen needs not included in preliminary budgets. As the project counties evolve and demonstrate cost savings for reinvestment, their project support needs will become self-supporting. But the lack of initial resources for support and nurturance has been a concern.

DHS has worked to overcome these limitations through strategies of:

- using technical assistance from the Clark Foundation, Center for the Study of Social Policy, and the National Conference of State Legislatures;
- using county DHS staff to fill key decategorization positions in addition to their regular duties; and
- seeking financial support from groups and foundations interested in embracing innovative approaches to serving vulnerable families.

Establishing agreements or methods of budgeting in the decategorization counties and tracking their expenditures has required considerable efforts as well.

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In implementing the vision of Child Welfare Decategorization, Iowa leaders were aware that the problems challenging children and families are dynamic and that local needs assessment would need to be ongoing. Over the next five years, Iowa intends to maintain the intense levels of coordinated community planning begun in the decategorized counties and energize local responses to emerging child welfare issues. Already, Iowa's pilot counties are identifying target groups, such as seriously emotionally disturbed children and low functioning parents, that require more intensive community supports and are laying the foundation for more effective responses to these clients.

Iowa's long term vision is to use decategorization as a tool to achieve the structure of local, accessible family support services conceptualized in the recent report of the National Commission on Family Preservation and Child Welfare Reform of the American Public Welfare Association. Their report recommended that three complementary approaches, or components, of family and children's services be developed which would range from basic supports available to <u>all</u> families to more intensive service technologies targeted to families whose children were abused or neglected. Iowa DHS is working with the Iowa Policy Academy - an interagency group convened by Governor Branstad to develop more coordinated, supportive family policies by state agencies. We believe that the Decategorization Project can demonstrate how pooled funding and collaborative planning can reform service systems and secure better outcomes for families and children. Our models of enhanced service effectiveness can serve as catalysts for state level change and flexibility. While Iowa has not as yet made this vision a reality, we are encouraged by our progress thus far and feel that decategorization can provide a vibrant springboard toward achieving these levels of systemic reform.

Decategorization is a planning and funding strategy for improving community ownership and service delivery that can be transferred to other jurisdictions and applied to service systems beyond the child welfare arena. The key ingredients are community investment in planning, local autonomy, merged funding streams, and funding flexibility. Fueled by the community enthusiasm and service funding shifts in the four pilot counties, other Iowa counties are moving toward establishing decategorized child welfare plans.

In addition, Iowa has received numerous inquiries from federal and other state officials exploring our decategorization model as a method of revitalizing child welfare service systems. Recently, the Governor of Missouri, John Ashcroft called for sweeping reforms in that state's child welfare and family support system to eliminate rigid categorical barriers to assistance and empower communities to become key players in planning for their own needs. This agenda parallels what Iowa is pioneering through decategorization.

Finally, leaders from other service systems, such as child health care, adult services, and special education, have expressed interest in borrowing principles of the decategorization model to improve service delivery and reduce the number of restrictive placements in these service systems. Building on the community cooperation in their child welfare decategorization project, Scott County was recently awarded a Robert Wood Johnson foundation grant to decategorize local child health care services and improve the provision of effective services to children.

The State of Iowa has embarked on a child welfare planning and funding experiment with Decategorization that is ripe with both opportunity and risk. The opportunities available through decategorization are compelling,from Iowa's accomplishments in creating more family-focused, flexible, and locally-owned systems of child welfare services. However there are significant risks involved in state pursuit of child welfare service reform especially in a period of state budget austerity and flat economic growth. The majority of child welfare funds committed under decategorization to more responsive service structures are state appropriated and therefore the pressures to both maintain budget neutrality while responding to new service challenges are intense.

In order to encourage and reward state endeavors to develop innovative child welfare service delivery systems, it is our hope that the Federal government will offer greater and consistent child welfare incentives to the states. Federal financial incentives would be useful in encouraging state development of family preservation, family reunification, and aftercare programs as well as federal funding support for innovative demonstration projects such as decategorization. In addition, greater flexibility in utilization of federal dollars available under the IV-B and IV-E programs would accelerate state innovation. Many elements of such federal supports are contained in HF 2571 - The Family Preservation Act of 1991 and SF 4 - The Child Welfare and Preventive Services Act which we hope will receive attention and support this session.

Thank you again for the opportunity to share our project and vision with you.

Chairwoman SCHROEDER. I want to thank the three of you because I think you are really the hope. I mean, you are really saying that you have got projects and they work and really seeing results and that is very exciting, but, let me yield to Congressman Cramer first.

Mr. CRAMER. Gee, I cannot tell you how much I appreciate hearing from you. You are from the field, you solved some problems, you provided us with valuable formulas for other communities to build on, and I thank you very much for that.

I would love to have a few comments from you, though, about the kind of turf battles you have had to go through, the kind of funding problems you have had. How have you done what you have done?

Mr. BENNETT. I guess I respond that I would not think that we have achieved it, especially coming from a state bureaucracy, a panacea. We have monumental problems getting and empowering our communities to do the simplest of things; from getting a contract for new service in or getting people in other programmatic areas to waive certain rules to expedite the delivery of a new service.

I think what is invigorating though, and I guess the spirit that is often missing from a presentation like this, I get an opportunity to go out to the planning groups in the four counties in Iowa and have people that heretofore, such a juvenile court and a human service office, heretofore had a historical conflict, would not sit down and talk about the simplest of problems or practice issues, to see them empowered by the fact—both the responsibility and the funding authority to make things better and do some strategic planning in their community, to bring that both in a programmatic sense so they are making a strategic plan for meeting needs, but also bringing it down to the child who might end up in Texas if this community cannot galvanize itself and work with its providers and develop a local plan. I think that is very exhilarating and really a hope for the future of our child welfare system.

Mr. ESPINOZA. I would like to briefly comment on our experience in Wisconsin. We have a very strong community effort to work together with city, county and state towards bringing a change to the community. We have a lot of work to do. It is very difficult, to present ideas to a particular government institution such as county, especially when you present your ideas about what type of program should be effective for the community and you confront county staff and county Board whom sometimes are not familiar with or ready to develop those type of ideas because it is something that is not traditionally done.

But having the community organized, having the community putting the pressure, has been helping us. It has been very successful for us to be able to work with the county, the state, and the city, to make those changes to work towards prevention more than intervention. We should be spending $3,000 to $6,000 in prevention rather than what we are doing presently which is spending $42,000 to $45,000 on intervention on one child and not the entire family. Prevention is what we feel needs to be supported. There is a need to have a government that is more open and understands that programs control that will impact on children of a particular commu-

nity should be controlled by that community. And provide technical assistance and the funding necessary to do so, should also be provided. There is a need to work together rather than try to give directives and make decisions for the community.

Mr. CRAMER. Does your program have secure funding?

Mr. ESPINOZA. No, but we have been successful at securing funding. We had the crisis nursery start out through a Federal grant, and then we had a continuation federal grant funding. We were also successful at working with the county to build up some of the funding needed for our budget through county levied dollars. This was a great success. Now we are working with the state and local foundations to be able to build up the rest of the funding that we need for our crisis nursery budget.

But there are other things that we are talking about; we need to have a better collaboration between government: Federal, state, county, city, and local funding. A collaborative effort should include a lot of participation from the community, to be able to solve the problems. To us, that is the best way to work at this point.

Ms. CARRASCO. When the Community Infant Project was formed, one of the goals of it was to better coordinate many services and the many agencies that ended up getting involved in the lives of families that were experiencing problems with parenting. So when the Community Infant Project started, it was a coordinated effort of the Department of Social Services, Public Health and Mental Health, and it was administered by mental health. But there was an active role of both public health, who provided public health nurses, and Social Services, that provided some funding for parent/infant therapists as we got going.

And then along the road (the program is now seven and a half years old) there has been continued coordination of goals and problem solving and figuring out how we will plan to expand the program.

Mr. CRAMER. Is your program secure money wise, funding wise?

Ms. CARRASCO. Well, our funding is negotiated annually with the county commissioners, but our program made some basic decisions early on to stay relatively small to maintain secure funding for the ongoing program. We did not want to offer services in a community and then when funding dried up to have to discontinue services.

Mr. CRAMER. More power to all of you. Thank you.

Chairwoman SCHROEDER. I really want to thank you and ask one further question that occurs to me.

First of all, I salute you for finding a way to treat families without just treating them depending on what door they walked through. You know, so often if you walk through the Head Start door, you get the Head Start. If you walk through the medical, you get the medical. It may not be what you need. So I think that dealing with those turf issues is very good and the funding sounds like it is still a little shaky, but you are working on it.

The next question I have is, do you feel that you are serving the people that need to be served, or do you see all sorts of people you would like to serve but you are not reaching them?

In other words, I find it very frustrating that we have very good programs, but only a small percentage of people can get into them and the rest are kind of left there. Are you getting the kind of

funding and local commitment to really impact the entire community, or do you have to pick and choose among it?

Ms. CARRASCO. The Community Infant Project receives far more referrals for service than we are able to pick up. We are a relatively small program. The county commissioners have been very good as we have approached them and said these children are on a waiting list, can't we serve them. And they have tried to help us expand the program.

Chairwoman SCHROEDER. But not as fast as you get the——

Ms. CARRASCO. Not as fast, no. It does not meet the need in the community.

Chairwoman SCHROEDER. And how do you pick?

Ms. CARRASCO. Well, we pick on the basis of first the number of risk factors that I identified as I was speaking earlier, that help us identify a family that is at risk. And at this point, we really provide services to families when we have openings. We pick up those families that are at highest risk.

Chairwoman SCHROEDER. You do not worry that if you pick up the lower risk you will have better statistics?

Ms. CARRASCO. Well, that is not a worry. However, we have found that when the therapists and the nurses have caseloads of severely dysfunctional families, it costs —it takes a toll on our service providers in terms of burn-out.

Chairwoman SCHROEDER. It does.

Ms. CARRASCO. And we have set as a goal to have a somewhat balanced caseload. However, the mandate from the county has tended to be that they want to be sure that we are serving those families that are at highest risk. So that has been somewhat of a dance, of trying to figure out how to serve the most families with the highest risk and balance the needs of the——

Chairwoman SCHROEDER. We hear that everywhere. If you mandate worst first, then you just grind up the people trying to run the program.

Mr. Espinoza.

Mr. ESPINOZA. The way we work at the Crisis Nursery—and actually in our entire agency—is that we follow the mandated guidelines of our funding sources. But when we see families in need, even if they do not meet the guidelines, we just take them in, and provide them with services. We try to accommodate people into the guidelines and sometimes this is not the answer. Therefore, for the Crisis Nursery, we work on a trust basis. People knock at our door and we know they need help, so we try to accommodate the family the best we can.

We have been encountering more and more families that rely on trust. This works, and it motivates the parent to go out and ask for help where there is somebody that you can trust.

Of course, when we see a situation of child abuse and neglect, we definitely have to report that and work with the family to change that situation. But we work in terms of building trust in the community and that we are there available when they have a need.

It is very difficult to serve the entire population with one program, and we have looked into how we can expand and create other designs or programs that would be effective for the community, where they can voluntarily motivate themselves to ask for help.

We had decided that along with the Crisis Nursery, which is a 24-hour service in addition to our day care services, which is funded with Title XX, we need to build up a type of child care for families in crisis which do not meet other program's guidelines.

We need to look at home parents, a concept that would be very close to foster care, but it does not have to go through the system. So parents would not have to fear that they would lose their children or lose their parental rights. We need to respect families. We have to work and help maintain their pride. And if we can build up home parents where they can ask for help, where they can ask: "would you please take care of my child. But I will maintain the control of my family" rather than going through a foster care set up that is so costly and at the same time so humiliating for a lot of our families. We believe those are the things that we need to build up. And that is what we are working towards. We are also approaching the Federal Government with these new program ideas for funding.

Chairwoman SCHROEDER. Very good.

Mr. Bennett, you have no problem?

Mr. BENNETT. I would just say that many state child welfare agencies have to triage their clients and deliver services to those most in need, even when we know practice wise that there are many programs and many populations we cannot serve, and that those people will ultimately be in crisis as severe as the people we are serving today. And unless there is more money infused into the child welfare system, I think we are going to be in that situation for a long period of time.

Chairwoman SCHROEDER. Well, I want to thank everybody for hanging in there. I really appreciate this. You have all been very stalwart in hanging in through this hearing. I want to thank you for all the testimony and really giving us some hope there of things that will work if we just get on with it.

I want to remind people that the record will be kept open for two weeks. So if anyone has anything they would like to add to the record, please, please let us know.

We do apologize, we had hoped to be able to be here for a much longer time, unfortunately, we have votes in the morning, and we have to be out of here on the six o'clock flight. So when we leave, we kind of have to hurry out the door to go make the airplane. But we are leaving one of our very distinguished staff members here. Julie Shroyer will be here for the next couple of days. She is staying through the rest of the conference. If there are questions that you have about anything, please let her know, and also you can find out how to get a hold of the committee and what we can do.

I cannot say again how very much we appreciate having so many people so dedicated to really grabbing this incredible scourge by the horns and hopefully finally beginning to wrestle it to the ground and getting some better statistics and better hope for a lot of our kids.

I know you have been out there a long time, I know you have been listening, I know you probably know this stuff better than anybody, but we really appreciate your dedication and hope you stay with it and stay in contact with us. For Congressman Cramer and I, let me say this has been one of the most incredible panels I

think we have seen. These two panels have been a wonderful contrast of tying all this together, and thank you all very much.

With that, we adjourn the hearing.

[Whereupon, at 5:15 p.m., the subcommittee was adjourned.]

[Material submitted for inclusion in the record follows:]

ONE HUNDRED SECOND CONGRESS
PATRICIA SCHROEDER, COLORADO
CHAIRWOMAN
GEORGE MILLER, CALIFORNIA
WILLIAM (BILL) FORD, MICHIGAN
MATTHEW F. MCHUGH, NEW YORK
TED WEISS, NEW YORK
MATTHEW G. MARTINEZ, CALIFORNIA
LANE EVANS, ILLINOIS
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DOUGLAS "PETE" PETERSON, FLORIDA
ROBERT E. "BUD" CRAMER, JR., ALABAMA
DANIELLE FERRARY
STAFF DIRECTOR
JILL D. GARAS
DEPUTY STAFF DIRECTOR
TELEPHONE 202 226-7660

U.S. House of Representatives
SELECT COMMITTEE ON
CHILDREN, YOUTH, AND FAMILIES
385 HOUSE OFFICE BUILDING ANNEX 2
WASHINGTON, DC 20515-6401

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BILL BARRETT, NEBRASKA
BARBELLE BARROWS
MINORITY STAFF DIRECTOR
CAROL M. STATUTO
MINORITY DEPUTY STAFF DIRECTOR
TELEPHONE 202 226-7660

October 9, 1991

The Honorable Wade Horn, Ph.D.
Commissioner
Administration for Children, Youth, and Families
Department of Health and Human Services
330 C Street, S.W.
Washington, DC 20201

Dear Mr. Horn:

I want to express my personal appreciation to you for appearing before the Select Committee on Children, Youth, and Families at our hearing, "Child Abuse Prevention and Treatment in the 1990s: Keeping Old Promises, Meeting New Demands," in Denver on September 15, 1991. Your testimony was important to the work of the Committee.

The Committee is now in the process of preparing the transcript for printing. It would be helpful if you would go over the enclosed copy of your remarks to assure that they are accurate, and return the transcript by Monday, October 21, with any necessary corrections.

In addition, the following questions are being posed to you for inclusion in the printed record. Your answers also should be returned by October 21.

1. You stressed in your testimony that the federal government should not infuse new dollars into prevention programs that have not been adequately evaluated.

   We are, however, spending billions of dollars on a foster care/child welfare system that is failing children in part because it is so overwhelmed. Families and children are so entrenched in crisis that no system is responding well. How do you justify this as a policy alternative to prevention?

Moreover, you testified before the Subcommittee on Select Education that federally funded prevention programs, such as respite care and crisis nurseries, show significant benefits. You told the Committee that in Iowa, child abuse declined 13% in counties with crisis nurseries. Doesn't it make sense to invest in similar cost-effective prevention efforts?

2. I understand that Secretary Sullivan will be holding a series of regional and national meetings to bring people together to solve the child abuse problem at the local level. What is the current status of Secretary Sullivan's child abuse initiative? What specific activities have occurred since he made the announcement? Have there been conversations or formal meetings with the White House? Could you provide the Committee with a detailed timetable of intended actions and meetings involving all relevant levels of government, including the Congress?

3.(a) The U.S. Advisory Board on Child Abuse and Neglect reached consensus in its first report in 1990 that there were **31 critical first steps** that must be taken if the child protective services system was to avoid collapse.

Please inform the Committee what specific actions the Administration plans to take, and the timeline for taking those actions, to address each of those 31 recommendations.

For example:

What have you done or what do you plan to do to establish minimal educational qualifications for child protection workers and provide ongoing training? To recruit and maintain adequate staff?

Will the Administration support adequate resources to "ensure that comprehensive, multidisciplinary child abuse and neglect treatment programs are available to all who need them?"

(b) Which recommendations of the 1991 report of the U.S. Advisory Board on Child Abuse and Neglect released last month will the Administration support?

4. What is the current status of the child abuse and family violence clearinghouse?

5. Recently, DDHS undertook a major reorganization "to place greater emphasis and greater focus on the needs of America's children and families." How does the reorganization change or improve ACYF's coordination with programs affecting maltreated children and their families?

6. The reorganization also leaves National Center for Child Abuse and Neglect (NCCAN) as its own entity.

   The U.S. Advisory Board on Child Abuse and Neglect listed numerous problems with NCCAN as the agency with primary responsibility for child abuse and neglect in its first report in 1990. They said that NCCAN failed to influence state and local child protective services when it was part of the Children's Bureau from 1974 to 1990. How will removing it from the Children's Bureau better enable NCCAN to coordinate with and effect reform with Title IV-B, Title IV-E and Title XX Social Services Block Grant (major sources of child welfare and abuse intervention money)?

   Can you tell us how NCCAN will specifically coordinate its activities with the Children's Bureau, where child welfare services are administered? Describe how NCCAN will be affected and how programs within NCCAN will be helped.

7. Recent GAO testimony before the Subcommittee on Select Education documented that the current staffing levels and expertise at NCCAN are inadequate to fulfill the Center's mission. Do you agree?

   Please explain <u>in detail</u> how you are responding to the issues raised by GAO at the Subcommittee on Select Education's hearing earlier this year. What specifically are you recommending that NCCAN do differently?

8. Has NCCAN been able to fill all the statutory requirements under the Child Abuse Prevention and Treatment ACT (CAPTA)?

9. What is your understanding of the number of reports due to Congress under CAPTA and their due dates? When did you file each one or expect to file with the Congress?

10. Do you still recommend NCCAN be reauthorized this year as outlined in the Administration's child abuse bill, and as you recommended before the Subcommittee on Select Education?

Sincerely,

PATRICIA SCHROEDER
Chairwoman
Select Committee on Children,
Youth and Families

Enclosure

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RESPONSE OF WADE HORN, PH.D., TO QUESTIONS POSED BY CHAIRWOMAN PATRICIA SCHROEDER

Question 1.

You stressed in your testimony that the federal government should not infuse new dollars into prevention programs that have not been adequately evaluated.

We are, however, spending billions of dollars on a foster care/child welfare system that is failing children in part because it is so overwhelmed. Families and children are so entrenched in crisis that no system is responding well. How do you justify this as a policy alternative to prevention?

Moreover, you testified before the Subcommittee on Select Education that federally funded prevention programs, such as respite care and crisis nurseries, show significant benefits. You told the Committee that in Iowa, child abuse declined 13% in counties with crisis nurseries. Doesn't it make sense to invest in similar cost-effective prevention efforts?

Answer

I stated in my testimony that "the premature creation of large new Federal programs, prior to conducting adequate research and evaluation, could result in the misdirection of resources." That statement is not inconsistent with our recognition of the desirability of shifting resources to early prevention strategies which will reduce the need for later remedial interventions. The Administration is supportive of programs that are successful in preventing child abuse and neglect. Successful prevention efforts will gradually reduce Federal expenditures for State child welfare and foster care programs. The National Center on Child Abuse and Neglect (NCCAN) is evaluating the nine comprehensive coordinated community-based prevention projects, which it funded in fiscal year (FY) 1989, to identify effective service components as well as the factors that will allow for or limit the replication of these projects in other communities.

Question 2.

I understand that Secretary Sullivan will be holding a series of regional and national meetings to bring people together to solve the child abuse problem at the local level. What is the current status of Secretary Sullivan's child abuse initiative? What specific activities have occurred since he made the announcement? Have there been conversations or formal meetings with the White House? Could you provide the Committee with a detailed timetable of intended actions and meetings involving all relevant levels of government, including the Congress?

Answer

Secretary Sullivan's initiative on child abuse and neglect is in the process of being implemented. The Secretary is the first Secretary of Health and Human Services to launch a Department-wide Secretarial initiative in response to the national problem of child abuse and neglect. During National Child Abuse Prevention Month in April 1991, the Department organized a meeting of the Secretary with the Child Abuse Coalition. He also spoke at a White House reception for professionals and advocates in the field. He has highlighted the problem of child abuse and neglect numerous times in speeches at national gatherings and has visited several programs that treat child victims. He intends to visit additional programs during FY 1992.

The Secretary is organizing and will personally participate in a meeting of representatives from national organizations in business, youth services, fraternal and civic improvement, and education; professional and academic societies in health, social services, and criminal justice; State and local governments; and religious groups on December 6, 1991. The Secretary will identify a number of steps each field can take at the local level to help prevent child maltreatment, and will exhort the groups to participate in such efforts. Regional meetings are planned during calendar year 1992. The Governors of the States will be invited to participate in these meetings.

The Department has convened a group of senior HHS officials that meets quarterly to improve coordination of programs pertaining to child abuse and neglect. A plan for improved coordination of programs within the Department will be completed by January 1992. The Department is also planning to evaluate demonstration projects designed to implement reforms in selected State and local child welfare systems, and will use the results as the basis for recommendations to the Congress, as appropriate, regarding nationwide reforms.

As part of the Secretarial Initiative, the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) is preparing a plan to evaluate and disseminate the results of various treatment interventions with families and their children where abuse and neglect has occurred.

Also as a part of the Initiative, the Health Care Financing Administration (HCFA) and the Health Resources and Services Administration (HRSA) are studying the availability of child abuse treatment programs provided in the States and the various State methods employed for funding such treatment programs. HCFA and HRSA will jointly develop a plan to improve the availability of such treatment programs.

Additionally, the Department will supplement NCCAN's data collection efforts (the Third National Study of the Incidence and Prevalence of Child Abuse and Neglect and the National Child Abuse and Neglect Data System [NCANDS]) with data on child maltreatment that are available from other sources within the Department. The Centers for Disease Control and the National Center for Health Statistics are identifying possibilities for integration of data from health sources that pertains to child maltreatment.

The Secretary has initiated a Memorandum of Understanding (MoU) with seven other Federal Departments to improve coordination, research capability, information exchange and evaluation activities; to develop information dissemination and programs to increase child maltreatment awareness; and to develop demonstration programs. The Secretary will host a meeting of assistant secretaries from the eight Departments on November 26, 1991 to develop plans for implementation of this MoU.

Question 3.(a)

The U.S. Advisory Board on Child Abuse and Neglect reached consensus in its first report in 1990 that there were **31 critical first steps** that must be taken if the child protective services system was to avoid collapse.

Please inform the Committee what specific actions the Administration plans to take, and the timeline for taking those actions, to address each of those 31 recommendations.

Answer

The Department is taking a number of steps to address relevant recommendations of the first report of the U.S. Advisory Board on Child Abuse and Neglect. (Attached)

Recommendation 9. The Inter-Agency Task Force on Child Abuse and Neglect has two working groups directly working on this issue.

Recommendation 10. The Secretary is implementing this recommendation within the Department and in coordination with the Office of National Drug Control Policy.

Recommendation 11. The Health Resources and Services Administration and the Centers for Disease Control of the Public Health Service are implementing this recommendation on behalf of the Department.

Recommendation 12. As described below, NCCAN has already begun implementation of the National Child Abuse and Neglect Data System with the voluntary participation of all the States, even though NCCAN has no authority to require them to participate. This approach has already produced aggregate data submitted voluntarily by all the States in FY 1991, and has secured their cooperation in submitting detailed case data during the next fiscal years. On September 30, 1991, NCCAN awarded a new contract to conduct the third National Study of the Incidence and Prevalence of Child Abuse and Neglect. NCCAN is also collaborating with other agencies within the Department to collect data relevant to child maltreatment as part of their data collection efforts.

Recommendation 13. This recommendation has been implemented. In FY 1991 NCCAN awarded a 19-month grant to the National Academy of Sciences to develop a long-term research agenda on child abuse and neglect for the research community.

Recommendation 14. As part of the Secretary's Initiative on Child Abuse and Neglect, the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) is collecting and disseminating information about treatment interventions in child abuse and neglect. As part of this effort, an editorial board will be established to assist the Clearinghouse on Child Abuse and Neglect Information and the NCCAN resource centers in identifying publications that reflect best practices for dissemination to the field, beginning in FY 1992.

Recommendation 15. We do not believe that the Federal role includes funding support for the professional qualifications of individual researchers, but rather to support research by qualified individuals. During FY 1991, NCCAN awarded grants to eight graduate students to conduct research on child abuse and neglect (in addition to five other grants for research), which will indirectly help increase the pool of qualified researchers. NCCAN disseminates the results of research on child abuse and neglect through the Clearinghouse on Child Abuse and Neglect Information and the Resource Centers. NCCAN is developing a research agenda with the assistance of the National Academy of Sciences. These efforts will serve to stimulate interest in issues concerning child abuse and neglect on the part of researchers.

Recommendation 16. In FY 1991 NCCAN awarded grants for two national Resource Centers. These grants are cooperative agreements, and the grantees will be meeting during the first quarter of FY 1992 with the Federal Project Officer and staff of the Clearinghouse on Child Abuse and Neglect Information to improve coordination and reduce duplication in the dissemination of information. (The Federal Clearinghouses have created a consortium within the Inter-Agency Task Force on Child Abuse and Neglect for similar purposes.) As mentioned above, the Clearinghouse is developing an editorial board to assist it in identifying state-of-the-art information.

Recommendations 18 and 19. The Department believes that the responsibility for developing the position of public agency child protective services (CPS) caseworker as a professional specialty and specifying its qualifications is best left to the States and private organizations in order to permit flexibility and creativity to meet different needs among the States. NCCAN will continue to provide technical assistance in improving CPS practice and agency administration, including revising and publishing *Child Protection: Guidelines for Policy and Program* during FY 1992.

Recommendation 20. NCCAN will continue to provide technical assistance and training to States for improvement in CPS practice. In FY 1992 NCCAN will direct its Resource Centers to provide such technical assistance and training, in addition to developing publications related to CPS practice. Training curricula, including the final reports of ten interdisciplinary training programs in child abuse and neglect supported with NCCAN grants, are available through the Clearinghouse on Child Abuse and Neglect Information.

Recommendation 21. The Department believes that the responsibility for recruiting child protective services caseworkers and for specifying caseload standards for them is best left to the States and private organizations. NCCAN will continue to support improvement in CPS practice and agency administration through technical assistance.

Recommendation 23. NCCAN will continue to make training curricula, including the final reports of ten interdisciplinary training programs in child abuse and neglect supported with NCCAN grants, available through the Clearinghouse on Child Abuse and Neglect Information. The responsibility for the institutionalization of these curricula should rest with the States. The Department does not support a new program of Federal fellowships in child abuse and neglect for graduate students.

Recommendation 24. The responsibility for establishment of comprehensive multi-disciplinary child abuse and neglect treatment programs rests with the States. Federal funding to States to support such programs is provided through Titles IV-B, IV-E, and XX of the Social Security Act, and through the Basic State Grant program, administered by NCCAN.

Recommendation 25. NCCAN will continue to support prevention efforts, with emphasis on the careful evaluation of programs, especially for replicability and cost-effectiveness. The Department will also continue to support numerous health, child welfare and family-oriented programs, such as Head Start, that have shown promise in strengthening families. With respect to home visitation, while it has some short-term prevention effects for some types of child maltreatment, it has not been demonstrated to have long-term prevention effects for most types of child maltreatment. Therefore, the Department does not support a significant expansion in home visitation programs for all families of newborns as a child maltreatment prevention effort, given competing priorities.

Recommendation 27. This recommendation has been addressed in response to Question 2, regarding the Secretary's Initiative on Child Abuse and Neglect. NCCAN continues to cooperate with the private sector in the development of approaches to the prevention and treatment of child abuse and neglect.

Recommendation 31. NCCAN is already implementing this recommendation through the Basic State and the Children's Justice Act grant programs. Additionally, in FY 1992 NCCAN will revise, publish, and disseminate *Child Protection: Guidelines for Policy and Program* to the Governors of the States.

Question 3.(b)

Which recommendations of the 1991 report of the U.S. Advisory Board on Child Abuse and Neglect released last month will the Administration support?

Answer

The Administration is studying the recommendations of the 1991 report of the U.S. Advisory Board on Child Abuse and Neglect. As you are aware, these recommendations are wide ranging in scope and have considerable fiscal implications.

Question 4.

What is the current status of the child abuse and family violence clearinghouse?

Answer

A new three-year contract for the Clearinghouse on Child Abuse and Neglect Information was awarded September 30, 1991 to Caliber Associates. The Clearinghouse on Family Violence Information contract was also awarded to Caliber Associates on September 30, 1991.

Question 5.

> Recently, DHHS undertook a major reorganization "to place greater emphasis and greater focus on the needs of America's children and families." How does the reorganization change or improve ACYF's coordination with programs affecting maltreated children and their families?

Answer

The reorganization creating the Administration for Children and Families (ACF) improves the capacity to coordinate programs affecting maltreated children and their families by bringing the Department's major children, youth and family programs under one agency. The reorganization facilitates cross-program planning and policy development and offers improved opportunities for service integration. As a result of the reorganization, the Assistant Secretary for Children and Families also chairs a Department-wide steering committee which is examining a variety of issues affecting family health and well-being. This facilitates increased coordination within the Department.

Question 6.

The reorganization also leaves the National Center on Child Abuse and Neglect (NCCAN) as its own entity.

The U.S. Advisory Board on Child Abuse and Neglect listed numerous problems with NCCAN as the agency with primary responsibility for child abuse and neglect in its first report in 1990. They said that NCCAN failed to influence state and local child protective services when it was part of the Children's Bureau from 1974 to 1990. How will removing from the Children's Bureau better enable NCCAN to coordinate with and effect reform with Title IV-B, Title IV-E and Title XX Social Services Block Grant (major sources of child welfare and abuse intervention money)?

Can you tell us how NCCAN will specifically coordinate its activities with the Children's Bureau, where child welfare services are administered? Describe how NCCAN will be affected and how programs within NCCAN will be helped.

Answer

The elevation of NCCAN to Bureau status within ACYF reflects the importance ACYF places upon implementation of the Child Abuse Prevention and Treatment Act (CAPTA), and will ensure that the concerns reflected in the Act are addressed. During FY 1992 NCCAN is undertaking a major programmatic effort to address the problems facing State child protective services agencies. This includes the revision, expansion (to 21 topics) and publication of the *User Manual* series. Technical assistance will be provided to States which receive Basic State grants, Children's Justice Act grants, and Challenge grants through the Resource Centers and through the ACF Regional Offices.

Although NCCAN is no longer within the Children's Bureau, coordination between the two units continues to be very close. Senior staff of the Children's Bureau and NCCAN meet regularly to discuss issues with respect to CAPTA and Title IV-B of the Social Security Act and attend each agency's staff meetings. NCCAN staff participate in the Children's Bureau State Program Reviews, which are designed to identify strengths and weaknesses in State child welfare programs, including child protective services. Children's Bureau staff are participating in the revision and publication of *Child Protection: Guidelines for Policy and Program*.

Question 7.

Recent GAO testimony before the Subcommittee on Select Education documented that the current staffing levels and expertise at NCCAN are inadequate to fulfill the Center's mission. Do you agree?

Please explain in detail how you are responding to the issues raised by GAO at the Subcommittee on Select Education's hearing earlier this year. What specifically are you recommending that NCCAN do differently?

Answer

Prior to the GAO testimony before the Subcommittee on Select Education, I shared the view that NCCAN lacked sufficient staffing and expertise, which is why I requested and received authority to hire additional staff. Since that time NCCAN has hired six staff, four of whom have direct experience in the field of child abuse and neglect prevention and treatment. I have also made an Intergovernment Personnel Act (IPA) staff person within the Office of the Commissioner available to NCCAN and we plan to fill one additional vacancy this fiscal year. The Director of NCCAN has extensive experience in child abuse and neglect issues. At this time I believe that NCCAN has sufficient staff and expertise.

The GAO was concerned about NCCAN's administration of grants. At the time of the GAO's testimony, NCCAN had only $7,000 authorized in FY 1991 for travel to monitor its grants. However, the travel budget was subsequently increased, and NCCAN was able to visit 21 grantees and to hold cluster conferences for four other groups of grantees during FY 1991. During FY 1992, assuming adequate appropriation levels for salaries and expenses, NCCAN will continue to have sufficient travel funds for monitoring grants and funds for holding cluster grantee conferences.

The GAO was concerned about protests regarding the eligibility of the contractor for the Clearinghouse on Child Abuse and Neglect Information. The contract was extended during the protests, and a new contract was awarded September 30, 1991.

Additionally, the GAO noted that the effectiveness of NCCAN's technical assistance activities had not been evaluated. During FY 1992, NCCAN will compile quantitative data on technical assistance provided by staff, grantees, and contractors. NCCAN will require its Resource Centers and the Clearinghouse on Child Abuse and Neglect Information to survey recipients of their technical assistance, and NCCAN will survey its grantees regarding the technical assistance it provides to them.

The GAO also expressed concern about how soon NCCAN would be able to implement the National Child Abuse and Neglect Data System (NCANDS). During FY 1991 the case summary data were received for 1990, with nearly all of the States participating voluntarily. A series of State data summaries, based on aggregate data, will be forthcoming during the second quarter of FY 1992 for discussion with the States. The contractor continues to work with the States to identify what changes in their data collection systems are feasible. A new contract was awarded late in FY 1991 to provide technical assistance to States in the reporting of detailed case data. The State advisory committee will meet during November to review the draft profiles of State 1990 aggregate data and to plan the pilot testing of the collection of detailed case data, which is scheduled to begin during the third quarter of FY 1992.

The GAO also noted that some NCCAN reports to the Congress were overdue. The delay in submission has been due in part to the formerly inadequate staff levels in NCCAN and to the often time consuming process for processing contractual services. We have been working to remove this backlog with the additional staff now available.

The GAO noted that the Inter-Agency Task Force on Child Abuse and Neglect has satisfied the requirements of the statute, but questioned the full impact of the Task Force's efforts and products. The Task Force meets quarterly, has prepared a comprehensive plan, and has published *A Guide to Funding Resources for Child Abuse & Neglect and Family Violence Programs*. Another role is that, under the auspices of the Task Force, the Federal Clearinghouses have formed a consortium to improve coordination. The project officers and contractors for these Clearinghouses will meet during the first quarter of FY 1992.

Question 8.

Has NCCAN been able to fill all the statutory requirements under the Child Abuse Prevention and Treatment Act (CAPTA)?

Answer

With the exception of some delayed submissions to the Congress of some reports, NCCAN has met all of its statutory mandates. It has established and maintained the Clearinghouse on Child Abuse and Neglect Information, which has disseminated information throughout the nation. It has conducted research, published and disseminated information, provided technical assistance, established Resource Centers, and awarded discretionary grants as required by the legislation. Additionally, it has awarded grants to States for child abuse and neglect prevention and treatment programs, provided training and technical assistance to States for child abuse and neglect prevention and treatment programs, and made grants to States for programs relating to the investigation and prosecution of child abuse cases. It has also awarded grants to States to challenge them to create trust funds or other funding mechanisms for child abuse prevention, and has conducted the studies required for reports to Congress.

Question 9.

What is your understanding of the number of reports due to Congress under CAPTA and their due dates? When did you file each one or expect to file with the Congress?

Answer

We regret that the Department has been unable to meet the original due dates in the case of some reports. The following list indicates the reports still due to the Congress. Development of some of these reports has been delayed due to the lead time required to plan the studies and to procure the contracts required. In one case, a complication has been a lengthy approval process for necessary data collection. As stated in a previous question, we have been striving diligently to complete the outstanding reports and currently anticipate submission to the Congress as follows:

Report	Due Date	Target Date
1989 Child Abuse and Neglect Challenge Grant Report	Oct. 1991	End of calender year
1989-90 Report on the Efforts to Coordinate Objectives and Activities of Agencies and Organizations Which are Responsible for Programs and Activities Related to Child Abuse and Neglect	March 1990	End of calendar year
Report on the Effectiveness of Programs Assisted Under the Victims of Crime Act	Sept. 1990	End of calendar year
Report on Study of Nonpayment of Child Support and Child Maltreatment	Oct. 1986	End of calendar year
Report on Study of Child Abuse and Children With Disabilities	April 1990	First quarter FY 1992

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Report on Study of Child Abuse in Alcoholic Families	April 1990	First quarter FY 1992
Report on Study of Legal Representation by Guardians ad Litem	April 1990	End of calendar year 1992
Report on Study of Incidence of Child Abuse in Unserved or Underserved Groups	April 25, 1990	First quarter FY 1992

Question 10.

Do you still recommend NCCAN be reauthorized this year as outlined in the Administration's child abuse bill, and as you recommended before the Subcommittee on Select Education?

Answer

The Administration recommends the reauthorization of the Child Abuse Prevention and Treatment Act, including the reauthorization of the National Center on Child Abuse and Neglect, as outlined in the Administration's bill.

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APPENDIX D

List of Recommendations in the 1990 Report of the U.S. Advisory Board on Child Abuse and Neglect

Child Abuse and Neglect:
Critical First Steps in Response to a National Emergency

A. RECOGNIZING THE NATIONAL EMERGENCY

RECOMMENDATION #1:

The Board urges each citizen to recognize that a serious emergency related to the maltreatment of children exists within American society and to join with all other citizens in resolving that its continued existence is intolerable.

RECOMMENDATION #2:

The Board urges each citizen to demand that his or her elected officials at all levels publicly acknowledge that the American child protection emergency exists, and, having so acknowledged this emergency, take whatever steps are necessary--including the identification of new revenue sources--to rehabilitate the nation's child protection system.

RECOMMENDATION #3:

The Board urges the U.S. Congress, State legislatures, and local legislative bodies to view the prevention of child abuse and neglect as a matter of national security and, as such, to increase their support for basic necessities, such as housing, child care, education, and prenatal care for low income families including the working poor, the absence of which has been linked to child abuse and neglect.

B. PROVIDING LEADERSHIP

RECOMMENDATION #4:

The Board urges the President to become the visible and effective leader of a renewed Federal effort to prevent the maltreatment of American children and to help the nation better serve those children who have been abused and neglected.

RECOMMENDATION #5:

The Board urges each Governor to become the visible and effective leader of a renewed State effort to prevent the maltreatment of children and to assure that child victims of abuse and neglect receive appropriate services.

RECOMMENDATION #6:

The Board urges each Mayor and County Executive to become personally involved in improving the delivery of services related to the prevention and treatment of child abuse and neglect.

RECOMMENDATION #7:

The Board urges legislative bodies at all levels to join with the President, Governors, and County Executives and Mayors in a renewed national commitment to child protection by providing the funds necessary to prevent and treat child abuse and neglect.

RECOMMENDATION #8:

The Board urges national scientific societies and professional associations to undertake major initiatives to stimulate the development of knowledge about child abuse and neglect and the improvement of the child protection system and to diffuse such knowledge to their members, policymakers, and the general public.

C. COORDINATING EFFORTS

RECOMMENDATION #9:

The Secretary of Health and Human Services, in conjunction with his counterparts within the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Governors of the several States should identify and eliminate barriers which stand in the way of providing coordinated community services related to the protection of children.

RECOMMENDATION #10:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Director of the Office of National Drug Control Policy in the White House should take steps to assure that all relevant aspects of the national effort to control substance abuse are coordinated with efforts to prevent and treat child abuse and neglect. These steps should begin immediately and should be made apparent to the public. All steps taken at the national level should be coordinated with relevant State and local "front-line" programs.

RECOMMENDATION #11:

The Secretary of Health and Human Services and the Attorney General (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect) should undertake joint efforts to address the issue of fatal child abuse and neglect caused by family members and other caretakers. These efforts should include the identification and vigorous dissemination to State and local governments of models for: (a) prevention of serious and fatal child abuse and neglect; (b) multidisciplinary child death case review; and (c) identification and response to child abuse and neglect fatalities by the social services, public health, and criminal justice systems.

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D. GENERATING KNOWLEDGE

RECOMMENDATION #12:

The Secretary of Health and Human Services and the Attorney General (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect) should take whatever steps are necessary to establish a Federal data collection system that provides a comprehensive national picture of child maltreatment and the response to it by the several governments of the United States. This new system should insure: accurate, annual, uninterrupted, consistent, and timely data collection; mandatory participation from the States; and a focus on actual incidence, reported incidence, and the operation and effectiveness of all aspects of the child protection system. This new system should be designed and implemented either by the Bureau of the Census or the Centers for Disease Control, working in collaboration with leading experts on child maltreatment.

RECOMMENDATION #13:

The Secretary of Health and Human Services should launch a major coordinated initiative involving all relevant components of the Department of Health and Human Services to promote the systematic conduct of research related to child abuse and neglect.

RECOMMENDATION #14:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), should launch a major initiative to use multidisciplinary knowledge about what works as the cornerstone of Federal efforts to rehabilitate the quality of the child protection system. This initiative should include the translation of what is already known about interventions that produce positive results. It should also include the evaluation of possible systemic improvements the value of which has not yet been established.

RECOMMENDATION #15:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), in concert with the nation's private foundations that have an interest in children, should launch a major initiative to increase both the number and the professional qualifications of individuals conducting knowledge-building activities on child abuse and neglect. The initiative should include the active encouragement of noted researchers from other fields in the social, behavioral, and health sciences to do work in this area.

E. DIFFUSING KNOWLEDGE

RECOMMENDATION #16:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), should take whatever steps are necessary to assure that practitioners, policymakers, and the general public (especially parents) have ready and continuous access to comprehensive, consistent state-of-the-art information on child abuse and neglect. Such steps should include establishing a permanent governmental unit from which this information is available.

RECOMMENDATION #17:

Leaders of the media should join in a campaign to promote public understanding of the child protection emergency and the most effective ways of addressing it, including coverage of the complexity and seriousness of the emergency and the alternatives for dealing with it.

F. INCREASING HUMAN RESOURCES

RECOMMENDATION #18:

The Secretary of Health and Human Services, the U.S. Congress, their counterparts in State governments, and the Governors of the several States, in concert with professional associations and organizations, should take concrete steps to establish the position of public agency "child protective services caseworker" as a professional specialty with commensurate minimum entry-level educational requirements, salary, status, supervision, administrative support, and continuing education requirements.

RECOMMENDATION #19:

The Secretary of Health and Human Services, the U.S. Congress, and their counterparts in State governments should take the necessary steps to establish minimum educational requirements for the position of public agency CPS caseworker in agencies which receive Federal financial support. Such requirements should provide for the substitution of appropriate experience for education.

RECOMMENDATION #20:

The Secretary of Health and Human Services, the U.S. Congress, and their counterparts in State governments should take the necessary steps to assure that all public agency CPS caseworkers systematically receive adequate pre-service and in-service continuing training for the proper performance of their duties. Such training should be offered at different levels in keeping with the differing needs and responsibilities of CPS caseworkers, and should reflect emerging issues in the field.

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RECOMMENDATION #21:

The Secretary of Health and Human Services, the U.S. Congress, and their counterparts at the State and County levels, in concert with private sector support should take the necessary steps to establish acceptable caseload standards so as to reduce the caseload sizes of public agency CPS caseworkers in agencies which receive Federal financial support. A part of this initiative should be the recruitment and maintenance of a sufficient number of qualified staff so that services can be provided at the accaptable caseload level.

RECOMMENDATION #22:

State and local social services officials should launch an aggressive campaign to recruit new CPS caseworkers representative of the racial, ethnic, and cultural composition of the child maltreatment caseload population.

RECOMMENDATION #23:

The Secretary of Health and Human Services and the Secretary of Education (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect) should take concrete steps to assure a steady increase in the total number of the nation's professionals who possess the necessary competence and skill to participate effectively in the protection of children. Such steps should include: the development, introduction and expansion of curricula and clinical programs concerned with child abuse and neglect in all the nation's institutions of higher learning; the replication and institutionalization of models for the interdisciplinary training of graduate students preparing for work in child protection; and the establishment of a new program of Presidential or Secretarial Child Maltreatment Fellowships for graduate students willing to commit themselves to entering the field.

G. PROVIDING AND IMPROVING PROGRAMS

RECOMMENDATION #24:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Governors of the several States should ensure that comprehensive, multidisciplinary child abuse and neglect treatment programs are available to all who need them.

RECOMMENDATION #25:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Governors of the several States should ensure that efforts to prevent the maltreatment of children are substantially increased. Such efforts, at a minimum, should involve a significant expansion in the availability of home visitation and follow-up services for all families of newborns.

RECOMMENDATION #26:

The U.S. Congress and State and local legislative bodies should ensure that, in any expansion of programs concerned with child abuse and neglect, resources devoted to prevention and resources devoted to treatment do not come at the expense of each other.

RECOMMENDATION #27:

The headquarters or regional units of private sector organizations--voluntary, religious, civic, philanthropic, and entrepreneurial--should take the necessary steps to increase significantly the involvement of their local affiliates and outlets, members, or employees in efforts to support and strengthen families as well as to prevent and treat child abuse and neglect. At a minimum the efforts for which increased involvement is encouraged should include: participation in neighborhood home visitation networks; participation in formal volunteer programs; the introduction of workplace measures aimed at reducing familial stress; participation in programs aimed at increasing greater accountability within the child protection system; and the promotion of greater awareness of the child protection emergency, as well as advocacy for more enlightened public policies in response to it. Government at all levels should facilitate the development of public/private partnerships aimed at enhancing the role of the private sector in the prevention and treatment of child abuse and neglect.

RECOMMENDATION #28:

The Attorney General, the U.S. Congress, the State legislatures, the Chief Justice of each State's highest court, and the leaders of the organized bar should assure that all State and local courts handling the large numbers of civil and criminal child abuse and neglect cases coming before the court system promptly and fairly resolve these cases. Prompt and fair resolution will require sufficient resources including: (a) adequate numbers of well-trained judges, lawyers, and court support staff, as well as manageable caseloads that take into account the complex and demanding nature of child abuse and neglect litigation; (b) specialized judicial procedures that are sensitive to the needs of children and families; (c) improved court-based diagnostic and evaluation services; and (d) greater educational opportunities for all professional personnel involved in such proceedings. Courts hearing child maltreatment cases must also be given the funding and status befitting these most important of judicial tribunals. These officials should also take steps to assure that every child has independent advocacy and legal representation, and every CPS caseworker is effectively represented by counsel throughout the judicial process.

RECOMMENDATION #29:

The Secretary of Education and his counterparts in State and local educational agencies, in concert with the leaders of all relevant national educational organizations and their State and local affiliates, should launch a major initiative to establish and strengthen the role of every public and private school in the nation in the prevention, identification, and treatment of child abuse and neglect.

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H. PLANNING FOR THE FUTURE

RECOMMENDATION #30:

The U.S. Congress should direct an appropriate research agency to determine the cost of developing and implementing a comprehensive national program for the prevention and treatment of child abuse and neglect, as well as the projected cost of not developing and implementing such a program.

RECOMMENDATION #31:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), in concert with the National Governors Association, the U.S. Conference of Mayors, and the National Association of Counties, should develop a model planning process aimed at generating plans for the coordinated, comprehensive, community-based prevention, identification, and treatment of abuse and neglect, and take appropriate steps to assure that the model process is implemented throughout the nation.

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U.S. House of Representatives

SELECT COMMITTEE ON
CHILDREN, YOUTH, AND FAMILIES
385 House Office Building Annex 2
Washington, DC 20515-6401

[illegible]

October 9, 1991

David Lloyd, Director
National Center on Child Abuse and Neglect
Department of ealth and Human Services
330 C Street, S.W.
Washington, DC 20201

Dear Mr. Lloyd:

I want to express my appreciation to you for your presence at the Select Committee on Children, Youth, and Families' hearing, "Child Abuse Prevention and Treatment in the 1990s: Keeping Old Promises, Meeting New Demands," in Denver on September 15, 1991.

The Committee is now in the process of preparing the transcript for printing. It would be helpful if you would answer the following questions for inclusion in the printed hearing, and return them by Monday, October 21.

1. Based on your observations during the last several months since your appointment, what have you identified as the three major deficits in NCCAN.

   What are plans to correct these deficits?

2. How is NCCAN integrating its work, particularly the development of the data collection system in child protection, with foster care and adoption?

Sincerely,

PATRICIA SCHROEDER
Chairwoman
Select Committee on Children,
Youth and Families

RESPONSE OF DAVID LLOYD TO QUESTIONS POSED BY CHAIRWOMAN PATRICIA SCHROEDER

Question 1.

Based on your observations during the last several months since your appointment, what have you identified as the three major deficits in NCCAN?

What are plans to correct these deficits?

Answer.

Actions to address major challenges facing the National Center on Child Abuse and Neglect (NCCAN) were well underway prior to my appointment in April, 1991.

The first major challenge related to staffing. The success of community awareness, training and research efforts (including those funded by NCCAN) and the scourge of substance abuse during the 1980's have led both to increased reports of child maltreatment and increased demands for NCCAN leadership and program efforts. Moreover, although the existing staff have considerable expertise in Federal program management, some staff did not have extensive prior field or research experience in child abuse and neglect.

During the last fiscal year (ending September 30, 1991), NCCAN has added six professional staff, adding significant additional field experience in child abuse and neglect. An additional personnel vacancy is being processed. The Commissioner of the Administration on Children, Youth, and Families (ACYF) has also detailed one of the staff available to ACYF through the Intergovernmental Personnel Act (IPA) process to NCCAN during fiscal year (FY) 1992.

A second major challenge has been a lack of funds for travel to monitor grantees and to identify their needs for technical assistance to help their programs achieve success. During FY 1991, additional funds were made available for NCCAN staff to make monitoring site visits and to attend the Ninth National Conference on Child Abuse and Neglect, where they met with grantees and attended training sessions. NCCAN anticipates that funds will be available in FY 1992 to continue such technical assistance efforts to grantees.

A third major challenge has been the development of a long-term research agenda on child abuse and neglect. A number of issues in the field of child maltreatment have not been addressed by basic research. In addition, the development of NCCAN priorities for future research and demonstration projects has not always been sufficiently tied to the results of previous research. Moreover, although NCCAN has funded numerous worthy research projects, greater efforts have been needed to relate the findings

from those grants to the findings from research funded from other sources. In FY 1991, NCCAN awarded a 19-month grant to the National Academy of Sciences to review and assess research on child abuse and neglect, map related research that provides relevant knowledge, and recommend research priorities for the next decade for the field of child maltreatment professionals.

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Question 2.

How is NCCAN integrating its work, particularly the development of the data collection system in child protection with foster care and adoption?

Answer.

In developing the National Child Abuse and Neglect Data System (NCANDS), we have worked in concert with the States to identify and define data elements of child protective services case-level data which would be useful to Federal, State and local policy makers and which would improve case management practices. The NCANDS project is also being coordinated with the Adoption and Foster Care Analysis and Reporting System (AFCARS) to increase the utility of the data and to reduce the burden on the States in participating in both efforts. To this end, efforts have been made to use compatible definitions and similar data collection procedures. NCCAN provides technical assistance to States through a contractor to assist them in providing such data with the least possible modification of their existing data collection systems.

At the present time States have different practices for linking their child protective services data systems with their foster care and adoption data systems. In some States these systems are integrated into a unified child welfare information system. In other States, these systems are separated into a child protective services system and a foster care system. To date, it appears that all States are able to provide aggregate data for NCANDS regardless of how their systems are constructed. However, we believe that good practice requires linkage of the two systems. We will encourage those States with separate systems to link the separate systems and, at their request, provide them with technical assistance through NCANDS to create such linkage.

PREPARED STATEMENT OF NEW BEGINNINGS, INTEGRATED SERVICES FOR CHILDREN AND FAMILIES, SAN DIEGO, CA

It is a privilege to share with you information about NEW BEGINNINGS.

BACKGROUND:

NEW BEGINNINGS is a unique interagency collaborative involving the City of San Diego, County of San Diego, San Diego City Schools, the San Diego Community College District and the San Diego Housing Commission. The collaborative has grown because of the realization that the five participating agencies serve children, youth, and families and:

- share common clients
- need to understand the services and resources of the other agencies
- need to identify service gaps and possible duplication of services
- serve within a limited fiscal environment.

The NEW BEGINNINGS concept in San Diego was initiated in 1988, when the heads of public agencies within the city and county began a series of discussions about their agencies' efforts to serve a growing population of children and adults living in poverty. These discussions soon developed a focus on the City Heights area of San Diego, an area of great ethnic diversity, high population density, and high mobility. The area also has the city's highest crime rate and the county's second highest child abuse rate.

CITY OF SAN DIEGO	COUNTY OF SAN DIEGO	SAN DIEGO CITY SCHOOLS	SAN DIEGO COMMUNITY COLLEGES	SAN DIEGO HOUSING COMMISSION

It was clear that this should not be "one more project," another effort to bring in special funding for a particular population or the children in one school. There was a growing sense that, although many agencies provide services to the same families, no single agency in the system knows them well enough to help them solve their problems, and that school success of children depends on support from many agencies, not just the schools. Schools focus on teaching and learning, but a child has difficulty in learning if he/she is hungry or upset by violence in the family or is wondering whether the family will be on the streets by nightfall. Only an institutional collaboration, based on a common philosophy, could begin to address the multiple problems of families and children living in poverty.

SAN DIEGO AND ITS SCHOOLS IN CONTEXT:

San Diego County is California's second largest and the nation's fourth most populous county, with a population of more than 2.5 million. The County comprises over 4,200 sq. miles and has 18 cities and 43 school districts.

One resident in eleven receives some kind of assistance from the Department of Social Services. Approximately 13% of all children in San Diego receive AFDC benefits. The AFDC caseload is increasing at a rate of 24% per year. Over 86,000 child abuse reports were made in 1990. Last year approximately 4,000 babies were born with alcohol or other drugs in their systems.

San Diego City Schools, the nation's eighth largest urban district, serves more than 121,000 students in grades kindergarten through twelve. The student population in October 1990 was 37 percent White, 28 percent Latino, 19 percent Asian (predominantly Indochinese and Filipino), and 16 percent African American. More than 42 percent of the elementary student population is eligible for the federal free and reduced price lunch program. Although the district includes both urban and suburban areas within the City of San Diego, it is undergoing rapid demographic changes, with increasing proportions of Latino and Asian students and increasing numbers of children living in poverty. Twenty percent of the students are not native English speakers. More than 60 different first languages are spoken in the schools.

Average student achievement scores on the Comprehensive Test of Basic Skills increased in reading, language arts and math during the 1980s. Later in the decade, the scores leveled off and slight declines occurred in reading scores at some grade levels. But these aggregate scores mask a serious achievement gap between higher achieving White and Asian students and their lower achieving Latino and African American counterparts. Concerns about the achievement of African American and Latino students have led to the creation of a district-wide goal to reduce the achievement gap by one-half every year, beginning in 1992. All schools are expected to engage in a process of strategic planning and site-based decision making to improve outcomes for students. But class sizes in California are the second largest in the nation, and there is little money available for discretionary or innovative programs.

HAMILTON SCHOOL AND THE NEW BEGINNINGS FEASIBILITY STUDY:

NEW BEGINNINGS chose to focus its efforts on prevention by working with elementary school children and their families, and sought to integrate the services of all agencies so that they would be more accessible and effective.

The group chose one elementary school in the City Heights area and its surrounding community. They selected Alexander Hamilton Elementary School, which serves nearly 1400 students, grades K-5, on a four-track year round schedule. Hamilton's students are 40 percent Latino, 24 percent Indochinese (predominately Vietnamese), 24 percent African American, 9 percent White, and 3 percent other ethnicities. Nearly 30 different languages are spoken in the homes of Hamilton's students. The school has the highest student mobility rate in the district; about 30 percent of the students who attend the school in any given year are there for less than 60 days. Although members of the school staff are eager to help families and students, the staff is frequently overwhelmed with their needs.

To gain additional insight into the needs of the community, NEW BEGINNINGS conducted a nine-month feasibility study. The Executive Summary of that study is included as a part of this testimony. <u>The study concluded, in part, that:</u>

- <u>There is a need for basic fundamental reform in the way schools and government agencies deliver services to families.</u>
- <u>Services are fragmented and confusing to families and workers alike.</u>

- The school is a trusted primary contact point for families, but a school-governed integrated services program is not advisable. Schools do not have the resources to provide needed help, and school staff quickly becomes overwhelmed by families in crisis.
- Crisis services for a few families with severe needs take away from solving long-term problems for other families.
- Agency worker roles and responsibilities need redefinition to be more responsive to the needs of the families and the workers themselves.
- The present system treats families with less respect than they desire and need.

The feasibility study provided the basis for the design of a school-based approach to services for families and children, and for demonstration of the design at Hamilton Elementary.

NEW BEGINNINGS CENTER:

The Center provides integrated social and health services for children attending Hamilton and their families, and health treatment services for elementary school age children. In a later phase, it is hoped that health treatment can be expanded to preschool children.

The Center is a welcoming place for families and children. The Center is housed in three portable classrooms located on the school's playground and remodeled to provide facilities for health services, social services, and adult education. A touch-screen interactive video system, developed and donated by IBM as a prototype for application in integrated services systems, provides information about the school, the Center, and the community in three languages, accessible to families without regard to their level of literacy. School registration is held at the Center so families have an opportunity to become familiar with the Center and to provide an initial assessment of family as well as student needs.

At the heart of the NEW BEGINNINGS Center is the Family Services Advocate (FSA). This worker, drawn from the agencies' existing workforce, provides primary, sustained contact for families with the system. He/she provides information about available services, helps to determine preliminary eligibility, and works

with families to create and follow a plan for moving toward self-sufficiency. The FSA provides some direct counseling, and advocates for the family with existing agencies to overcome barriers of bureaucracy and practice. The FSA works with 30-40 families on a continuing basis, assisting them in finding and getting the help they need.

These families are referred to the Center by the school or other agencies; they also refer themselves. Because the FSA role is not included in any current staff job descriptions, NEW BEGINNINGS utilizes staff from several agencies: a school counselor, a social worker from the Greater Avenues to Independence (GAIN--the California version of the federal JOBS) program, a Childrens Services worker, and a social worker from a community-based organization that receives funding from the County. The role of the FSA is central because many of the problems children exhibit in schools arise from difficulties in the family, and treating the child alone does not provide the optimum conditions for success. Because the FSAs are drawn from a variety of existing agencies and will have different areas of expertise, they bring a wide range of knowledge to the team of generalists.

Other services at the Center include health examinations and immunizations for children. As institutional and funding barriers to expanded health treatment are removed, the Center will offer additional services by the school nurse practitioner. Multicultural mental health services, health and nutrition education, and the Women, Infants and Children (WIC) supplemental nutrition program will also be available at the Center. The San Diego Community College District provides adult education, including English as a Second Language (ESL), adult basic education, and parenting education.

Through services provided by the Extended Team, families at Hamilton will be provided with a network of support that reaches far beyond the physical location of the Center. The Extended Team includes workers from all participating agencies who spend the majority of their working time in their own organizations, but work with a caseload redefined to focus on the Hamilton area. Although they may not work at the Center, they are part of the NEW BEGINNINGS Team; they know the FSAs, the neighborhood, and the school, and have agreed to carry the redefined caseload that brings them into touch with the community. Services provided through the Extended Team include: police, park and recreation, and

library services from the City of San Diego; eligibility for public assistance, children's services, and probation department services from the County of San Diego; specialized education and school services from the school district; educational counseling, financial aid, and adult education from the community college district; Section 8, public housing and neighborhood improvement from the San Diego Housing Commission; and translation/interpretation, drug and alcohol services and youth and family services from community-based organizations.

COLLABORATION: THE CORNERSTONE OF INTEGRATED SERVICES

As an institutional collaboration, NEW BEGINNINGS functions on two levels: the Executive Committee and the NEW BEGINNINGS Council. The Executive Committee, composed of top executives from all participating agencies, provides and disseminates leadership for the collaboration. Each agency head has given high visibility to NEW BEGINNINGS, treating it not as a project, but as a long-term organizational reform strategy to meet the needs of families and children. Each agency executive has also committed staff time to the feasibility study, the implementation planning process, and the staffing plans for the Center. The "top down" high visibility support from agency executives provides direction for internal change within each organization and permission to think and act collaboratively about agency roles and services.

The NEW BEGINNINGS Council, composed of mid-level managers from each agency, has carried on much of the work of the feasibility study and implementation planning. Support from agency heads has given the Council access to information and resources throughout the organizations to investigate the barriers to collaboration including fragmentation of funding sources, conflicting service definitions, eligibility requirements, and confidentiality restrictions. Because members of the Council work as closely with staff from other agencies as they do with their own organization, they have become acutely aware of overlapping services, conflicting agency philosophies, and gaps in services. For example:

- Children in families receiving AFDC are automatically eligible for the federally-funded free lunch program. But until recently, the school district did not know which families were AFDC recipients, and families were required to complete an additional lengthy and detailed application for the lunch program.

- The school district employs school nurse practitioners, who are licensed to provide treatment for common childhood health problems with proper physician supervision. But the district does not have funds to provide physician supervision, and the school nurse now provides no treatment, only referrals to physicians. Fewer than half of these referrals result in a visit to a physician.

The NEW BEGINNINGS feasibility study documented the correlation between students at risk in our schools and families in crisis: nearly half the families (48 percent) were known to two or more programs within the Department of Social Services (income maintenance programs, Children's Services), the Department of Social Services, and the Department of Housing. The feasibility study also provided insight into the number of staff positions each agency was already providing to serve the families at Hamilton, and asked a central question: Could the agencies, working together, do a better job of helping these families and children?

The NEW BEGINNINGS demonstration at Hamilton Elementary School is not a model to be replicated in schools throughout San Diego, but one approach to meeting the needs of children and families through collaboration. More important than any single model, NEW BEGINNINGS focuses on guiding principles for the demonstration of collaboration:

- Focus holistically on the family, not on a single individual.
- Provide resources for intensified prevention and early intervention, rather than delaying until problems reach crisis proportions.
- Utilize each agency's existing funding streams to the greatest extent feasible, blending funding and staff roles from participating agencies.
- Resist the temptation to create a project and fund it with "soft" money. Institutional change is a long-term process and requires long term thinking and planning.

BARRIERS TO COLLABORATION:

The NEW BEGINNINGS Executive Committee and Council members have encountered multiple barriers to collaboration during the planning process. Many of these barriers are in our own minds; most professionals have been trained in only one

discipline (e.g., education, social work, or criminal justice) and have worked in only one type of service agency. We know how our institutions work now and are comfortable working that way; we do not know what the other institutions do, how they get funded to do what they do, or how our resources can work together. Effective collaboration begins with a broader understanding of other institutions.

Conflicting, overlapping, and confusing eligibility requirements for similar levels of services create unnecessary barriers for families and agencies. Valuable staff time is spent in determining client eligibility, rather than helping families, and families are required to tell their stories again and again, with the emphasis on the part a particular agency wants to hear. With foundation support, NEW BEGINNINGS will investigate the development of a preliminary system for determining eligibility for multiple programs with one application and verification process.

Barriers of confidentiality keep agencies from sharing essential information about families in a professional manner. School staff are required to report suspected child abuse, but are unable to get information about location of a child who is removed from the parents' home. School officials estimate that 40 percent of school personnel under-report suspected child abuse for this reason.

Existing funding for social services is focused on families in crisis. Funding sources for prevention and early intervention (such as case management for families) are extremely limited. Many parents need training in positive parenting skills, but this training is not readily accessible to them, especially if they are culturally and/or linguistically different. Without appropriate preventive services, the number of families in crisis will continue to grow.

We will fail to develop effective collaboration if we assume any single agency to be the convener and owner of the collaboration. Schools are a logical location for integrated services since they are readily accessible to families; but, too frequently, agencies are expected to come to the school and collaborate on the school's terms. Interagency collaboration must be seen as an extension of school restructuring, with an accompanying restructuring of roles and

responsibilities at the school. The collaboration must be owned equally by all participants.

The children's health treatment component of NEW BEGINNINGS has been the most difficult to implement through collaboration and redirection of existing resources. Funding restrictions and regulations place our young children at increased risk of health and learning problems.

THE ROLE OF THE FEDERAL GOVERNMENT:

Recent educational research has demonstrated that children who live in areas where there is a concentration of families in poverty are at greatest risk of what Lisbeth Schorr, the author of Within Our Reach, calls "rotten outcomes." To break the cycle of disadvantage, programs for disadvantaged children and their families must bring a greater range of services to these areas. The programs must take a holistic view, not a fragmented one. It is important, for example, to encourage the use of Chapter 1 funds to provide a broader range of services to Chapter 1 eligible children and their families.

Interagency collaboration needs to be modelled at the federal level. Currently, funding from different agencies is subject to restrictions which place local institutions at a disadvantage: local schools serve all students, without regard to citizenship, but the use of JTPA in school funds for students at risk requires documentation of legal status. Local agencies, like the families themselves, must carry their stories from one funding source to another, trying to patch together enough funding to help families and children. A pool of funding from several federal agencies, with a single Request for Proposals, would help practitioners develop coherent programs.

The federal government, in supporting interagency collaboration, should resist the temptation to be prescriptive about the specific participants or process for developing integrated services. Because the responsibility for services is configured differently in many states and localities, and the needs for services vary from community to community, it is important to support local ownership of the process and content of the collaboration. It is much more important to

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develop realistic, coherent criteria by which the outcomes of the collaboration can be evaluated.

NEW BEGINNINGS is a local effort to find answers in the midst of a national crisis. The future of our children and of our nation will depend on our ability to find new answers and give them life.

PREPARED STATEMENT OF STEVEN J. MURPHY, DIRECTOR, HILLSDALE COUNTY (MICH.) DEPARTMENT OF SOCIAL SERVICES, AND PRESIDENT OF THE NATIONAL ASSOCIATION OF PUBLIC CHILD WELFARE ADMINISTRATORS, AN AFFILIATE OF THE AMERICAN PUBLIC WELFARE ASSOCIATION, WASHINGTON, DC

This testimony is submitted by Steven J. Murphy, President of the National Association of Public Child Welfare Administrators (NAPCWA), an affiliate of the American Public Welfare Association (APWA), and a member of APWA's National Commission on Child Welfare and Family Preservation. NAPCWA represents the administrators of state and local public child welfare agencies who are directly responsible for administering agencies that provide child protective services, foster care, family preservation services, adoption services, and other programs that protect children and support families.

NAPCWA wishes to thank the Select Committee on Children, Youth, and Families for its long-standing concern for our nation's most vulnerable citizens. The work and commitment of this committee in the area of child abuse and neglect is especially appreciated during this time of crisis in our child welfare system. We are grateful for the opportunity to offer this testimony for the record of the hearing "Child Abuse in the 1990's: Keeping Old Promises, Meeting New Demands."

As we move into the 1990s, no one, with the exception of the children and families they serve, knows more about the need to reform our child welfare system than those who administer it. Throughout the 1980s, the agencies that we administer saw caseloads rise, children treated in unfathomable ways, and a chronic lack of resources to serve abused and neglected children in an appropriate manner. The most frustrating part of our job is the knowledge that child abuse and neglect is preventable, that in numerous cases the removal of a children from their homes is avoidable, and that our lack of resources and inflexibility in operations prevent us from doing what should be done.

The 1990s will require new thinking and action on how to support families and protect children. We commend to the Committee the report of APWA's National Commission on Child Welfare and Family Preservation entitled a Commitment to Change. In this report, the commission outlines a children and family services structure based on supporting and strengthening families, and preventing factors that lead to child abuse and neglect. We believe that this strategy, developed by those with the responsibility for overseeing the public child welfare system, is the best hope for protecting children through the support of families.

The Recommendations of the U.S. Advisory Board on Child Abuse and Neglect

NAPCWA greatly appreciates the hard work and dedication of the U.S. Advisory Board on Child Abuse and Neglect. We believe the recommendations aimed at creating caring communities, when coupled with the vision for restructuring our public child welfare system as outlined in a Commitment to Change, provide the direction the nation must move in the 1990s.

We strongly endorse the board's call "for Federal leadership in moving the predominant response to child abuse away from investigations and foster care toward services to help families overcome the stresses in their lives." Our experience tells us that continuing to allocate all or most of our resources to child protective services will be futile--regardless of how much those resources might be increased. The crisis we face can be overcome only by offering an array of services supportive of families, and provided when the services will be most effective in making a difference in the functioning of the family.

To this end, we are pleased with the board's call for a universal voluntary neonatal home visitation system. The success of home visitation programs is well documented by the Department of Health and Human Services, and implementation of such a system would be an effective first step in preventing many childhood problems and in strengthening parents' capacity to parent effectively.

NAPCWA agrees with the board's assessment of the National Center on Child Abuse and Neglect (NCCAN). Despite the commendable work of the NCCAN staff, the center is fraught with problems as outlined in the board's report, and the board's recommendation to study the role of the center is appropriate.

We believe, moreover, that NCCAN will be effective only when the plight of abused and neglect children becomes a serious priority of Congress and the administration. We do not agree with the board's recommendation that moving, renaming, or restructuring NCCAN will improve its effectiveness. Such an effort will be futile until such time as a real commitment to our children emerges. We believe if this commitment is present, and appropriate resources made available, NCCAN can accomplish its assigned tasks.

Likewise, we view the establishment of a new research program within the National Institute of Mental Health (NIMH) in a similar light. Moving NCCAN's research capacity to another organization is no guarantee of better results. In addition, vesting in NIMH the responsibility for all research on child abuse and neglect may have the unfortunate result of focusing all research on mental health aspects of child abuse and neglect, to the exclusion of the contributions of other disciplines. We believe that given appropriate resources, NCCAN can coordinate its research activities with NIMH and other federal agencies.

NAPCWA members also have little reason to believe that including the board's proposed national child protection policy in the current CAPTA reauthorization will have any effect on the way abused and neglect children in this country are actually served. Again, without the commitment of political capital and resources, this policy itself remains empty words. While NAPCWA feels that the creation of such a policy merits further study, we

strongly object to the recommendation that the Secretary of Health and Human Services take extraordinary steps to promulgate such a policy in the form of regulations in the absence of enabling legislation.

The Role of the Federal Government

NAPCWA joins the Advisory Board in calling for a renewal of federal leadership in the child welfare field. While some say that the federal government is unable to act effectively in solving society's problems, we remind the Committee of the long and distinguished history of the Children's Bureau in assisting states and localities in protecting children and supporting families. We call for a renewal of a state-federal relationship in which responsibilities and resources are shared appropriately. While we agree with Commissioner Horn's testimony that such a partnership should not be "burdensome or rigid," this should not be used as an excuse for the continued abrogation of federal responsibility to act as a full partner in addressing this problem.

Any discussion of the federal role in child welfare policy must address the resources needed if our child welfare system is to be effective. We must make one point very clear: we are in the midst of a real and enduring crisis. Doing what needs to be done will be expensive. There is no way to minimize this fact. The cost of continued inaction, however, is even more costly. We ask Congress and the administration to allocate reasonable and appropriate resources for these efforts.

Reauthorization of Child Abuse Prevention and Treatment Act

NAPCWA calls on Congress to reauthorize the Child Abuse Prevention and Treatment Act (CAPTA). We are especially supportive of S. 838's reauthorization provisions that substantially expand CAPTA's state grant programs to assist states in making needed improvements to the child protective service system. In light of the reservations some Members of Congress have about the operation of NCCAN, we ask that an examination the Center not be tied to CAPTA's reauthorization. CAPTA's funds are desperately needed to assure that children and families in dire straits receive needed services. These funds should not be withheld while the intricacies of the federal bureaucracy are debated.

We call attention to other pieces of legislation before Congress, notably the Child Welfare and Preventive Services Act (S. 4) and the Family Preservation Act of 1991 (H.R 2571), that the committee may consider influencing, endorsing or reviewing to emphasize the need for a comprehensive investment in our nation's children and families. We note that these bills are going forward and we urge the members of this committee to be

constructively engaged in their consideration.

Conclusion

The 1990s should be the time when the knowledge gained from many years of demonstration projects, research, policy development, and clinical practice are brought to bear to protect children through supporting families. There are no longer any excuses to do otherwise. In her compelling testimony before this Committee, Marilyn Van Derbur Atler, an incest survivor, described her history of abuse at the hands of her father, and how she had no where to turn for help. She said, "It is disheartening for me to state that for me, in my family, I believe nothing would be different if I were a child today than it was for me in the 1940's." These must be the last years in which nothing would be different.

NAPCWA and the American Public Welfare Association thank the committee for the opportunity to submit this testimony. We appreciate your concern and look forward to continuing to work with you in the future.

PREPARED STATEMENT OF BELVA MORRISON, MSW, DIRECTOR, INDIAN CHILD WELFARE PROGRAM/DIHFS, DENVER, CO

The Honorable Patricia Schroeder
Chairperson
Select Committee on Children,
Youth and Families
U.S. House of Representatives
385 House Office Building Annex 2
Washington, DC 20515-6401

Re: Field Hearing

I have been in contact with your office in reference to the written field testimony. I have been employed in this position for only one month, however, I have extensive experience working in the field of child welfare on state, tribal and federal levels.

The following is a brief synopsis of my professional perceptions, as a social worker, of the problem areas in implementing the ICWA generally and specifically for the Denver Front Range Region.

Tribes have anywhere from 10 percent to 70 percent of their membership residing off reservations. There are approximately 15,000 American Indians living in the Front Range Counties. According to the latest statistical supplied and interpreted to me by the Administrative Support Section of the State of Colorado Department of Social Services, there are Four Hundred Seventy Eight (478) Indian children in the foster care system. This is further broken down by counties with Denver County having the highest number being, Two Hundred Fifty Three (253) children. This report is for the period January 1991 through August 1991.

Of the Four Hundred Seventy Eight (478) children, I have no way of knowing what tribes are represented or the reasons the children are in the foster care system. The state does not compile this data.

Currently, our office is providing brokerage, linkage, consultation and legal advocacy for Indian clients. For a full summary of our goals and objectives please advise.

I have been personally involved in all the cases which we now manage. In most of our cases the children were removed for "abuse or neglect" (most often alcohol abuse was the primary contributing factor). However, I wish to state that often times when an Indian

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family moves to the large metro area from reservation life, that family is "pushed" into a marginal position. Under this stress and lacking the traditional support system of the extended family, there is potential for neglect regarding Colorado Children's Code. Previously, residing on their respective reservations children were protected from neglect because of the national system in the culture itself.

One of the critical concerns in reference to the neglect and abuse issues is that we do not have a formal case referral agreement with the Colorado Office of Child Protection. For example, during a child abuse investigation, it would be in the best interest of the Indian child if our office is notified when a case is referred for investigation - not necessarily at the identification level of referral to that agency. Usually, we do not know the intentions or allegations regarding the child until we are actually in the courtroom.

Further, the majority of our clients in our program feel that the welfare system in the Denver Metro area is culturally biased, oppressive, alien and coercive. Of course this is true as western methodologies of intervention and treatment are used in the abuse and neglect cases. For example, our office is managing a case involving the removal of an Indian child, for neglect, three years ago. The child was placed in a foster home where the child was sexually abused; subsequently was then placed in another home. The Indian mother has documented evidence that she had asked the caseworker and court to remove the child from the foster home on several occasions. Her concern was ignored. Ideally, the Indian Child Welfare Act alters the typical best interest factors of the child when an Indian child is involved. "Best interest" factors reviewed by a court are the wishes of the child's parents.

I have critically evaluated past research, approaches, and programs developed for American Indians and it is my belief that no effort is made to ascertain the relationship between the program theories as it relates to Indian culture. For example there is no uniform system of Indian Child Welfare cases in the Front Range counties.

Our problems at times seem overwhelming and insurmountable on the issues of child neglect and child abuse. Furthermore, the attorneys that are willing to do pro bono work in abuse and neglect cases are frustrated as they do not have caseworkers and/or therapists when they request for assistance on the case. We are formulating appropriate technologies as prevention and intervention tools with our Indian population. Also, we are working on strengthening the infrastructure of our Tribal programs.

As you know much more can be written pertaining to the history and future of the Indian Child Welfare Act but at the present we need to focus on the Field Hearing issue of "child abuse and neglect".

Please contact me if there is any additional information you need.

Sincerely,

Belva Morrison by GH

Belva Morrison, HEW Indian Child Welfare Program

September 24, 1991

Congress Representative Patricia Schroeder
Chair, Select Committee on Children, Youth and Families
U.S. HOUSE OF REPRESENTATIVES
385 House Office Building Annex 2
Washington, DC 20515-6401

RE: Child Abuse Hearing in Denver, Sept. 15, 1991

Honorable Congress Representative Schroeder:

First, I want to thank you for your participation at the National Committee's Conference. It was my great pleasure to see you again, and to hear your passion for children's well-being spoken so eloquently. I have met you several times, the last time at the MECLA Awards Dinner in Culver City where our organization, SPECTRUM Institute received an award for our Family Diversity work.

I would like the opportunity to add to the information the Committee is collecting during the hearings, so I would like the enclosed to be added to the hearings documents.

I am a clinical psychologist. My work over the last 15 years has been dedicated to and focused upon the abuse of an all but ignored population: children with disabilities.

Children with developmental disabilities are abused at a rate much higher than that suffered by "generic" children, and at the same time, are not heard when they tell what is happening to them. They are not believed by agency representatives, and are ususally deemed to not be "credible witnesses" to their own abuse, due to prejudice against persons with disabilities, so their cases go unheard. The Social Service agencies frequently ignore their cases as "they don't know what to do". So, even if a child with a disability is able to describe to others (teacher, family) what has happened, the child gets no help from the system: intervention, therapy, being moved to a safe environment, adjudication of the perpetrator.

I have had a very hard time over the years getting attention to this problem. Social service agencies, already overworked and underfunded, do not feel they can "take the time" that is required for these constituents. I feel, however, that the disability should not keep them from services, but that the service systems should adapt themselves to help these who I consider to have a factor of vulnerability beyond that of the generic child.

Further, there are quite a number of children who are born without disabilities, but as a direct result of abuse and neglect become developmentally disabled. It is widely agreed by professionals in the field that approximately 25% of all children with disabilities, acquired the disability as a direct result of abuse. Neglect alone leaves more than 50% of its survivors with permanent disabilities. Let alone the human cost, the financial impact nationally is enormous.

Then, to add one more factor, as these children grow up, they do not outgrow the disability. They remain disabled into adulthood, and constitute a new minority, the dependent adult. As you know, we have had to establish legislation to protect dependent adults from abuse. These laws, although in place, do not address the range of abuses suffered in the population, nor are there monies attached for services. So, although a report may be made and responded to for investigation, there is no money available for intervention, including therapy, moving to a safe environment, or social service involvement over time.

Please do let me know if my comments pique your interest. I am enclosing two monographs I have prepared that provide more information on these issues.

It is my fervent hope that SOMEONE will hear this plea for a minority that cannot speak for themselves. Will you?

Thank you for all of your terrific work, and your work on this Committee over the years. Please forgive me if I have become too fervent in this letter, but my heart really is heavy at this time due to the number and type of new cases that continue to ask for help and are refused on the basis of the disability factor.

Sincerely,

N. J. Baladerian Ph.D.

Nora J. Baladerian, Ph.D.
Licensed Psychologist
Chair, State Task Force on Disability
Director, Disability Project of SPECTRUM Institute

[The articles entitled: "Sexual and Physical Abuse of Developmentally Disabled People," "Abuse Causes Disability," and Colorado State University Cooperative Extension Child-Abuse Prevention Programs Introduction is retained in Committee files.]

PREPARED STATEMENT OF GEORGE BATSCHE, ED.D, NCSP, NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS, SILVER SPRING, MD

Chairwoman Schroeder and members of the Committee:

Thank you for the opportunity to present testimony to you on child abuse and prevention in the 1990s. My name is Dr. George Batsche, and I am President of the National Association of School Psychologists (NASP). NASP represents over 16,000 school psychologists and related professionals nationwide and abroad. Our organization is the largest body of its type in the world. A primary purpose of NASP is to serve the education and mental health needs of all children and youth.

The abolition of corporal punishment in the schools is a top priority for our association. It is our firm belief that corporal punishment, the intentional infliction of physical pain upon a student as a means of controlling behavior, is child abuse.

Why would any school district condone the hitting of students? Many school systems still cling to the traditional belief that the use of corporal punishment is an appropriate, and sometimes necessary, disciplinary technique. Yet there are many humane, non-violent alternatives to corporal punishment which many school systems presently employ. If we are to prevent the further pain, humiliation, fear, and intimidation of our nation's children, the practice of corporal punishment in schools must be completely eliminated.

In March, 1991, Representative Major Owens introduced H.R. 1522, which would deny funds to educational programs that allow corporal punishment. To date, H.R. 1522 has 14 co-sponsors. The bill does make exceptions for reasonable and necessary uses of physical restraint to: protect self, a child, or others from physical injuries; to obtain possession of a weapon or other dangerous object; or to protect property from serious damage. We see H.R. 1522 as a critical step toward both the protection of children from the threat of physical abuse, and the

assurance that all school children in the United States may learn in an environment that promotes their personal and social well-being. In our nation's schools, over 1,000,000 students are hit each year. This means that over 3,500 children may be victimized every day. Children who are most often the recipients of such authorized abuse are male, minority, economically disadvantaged, and those with learning and/or physical disabilities. Corporal punishment occurs more frequently at the primary and intermediate levels than at the secondary level because these children are smaller, younger, and less likely to retaliate. Although the use of corporal punishment has been outlawed in 22 states, the District of Columbia, Puerto Rico, and in many major cities, violence against children in schools is still legally sanctioned in many areas of the United States, particularly in the South and Southwest (See Appendix A). Contrary to popular belief, corporal punishment is not used as a last resort in dealing with students' behavior problems. In fact, some studies suggest that corporal punishment is often the first punishment imposed for nonviolent and minor misbehaviors.

There are many well-documented cases of children being paddled in school so severely that had the same punishment been inflicted at home, the parents could have been convicted of child abuse. Take, for instance, the Oklahoma youth who did not complete his homework and was paddled until his buttocks were bruised, or the Georgia boy who was beaten so brutally after a scuffle with another child over some candy that he could not walk for two days. It is ironic that school systems are required to report cases of child abuse by parents to legal authorities while at the same time they are allowed to inflict the same physical pain.

The sobering facts about the negative effects of corporal punishment have prompted us to pass laws to protect children from violence in all publicly related institutions (such as foster

homes, correctional institutions, and mental health facilities) except the schools. In some states, an educator may legally spank, paddle, beat, shove, or shake a child, yet it is unlawful to treat an adult prisoner in the same manner. Children deserve to be treated at least as well as we treat criminal offenders.

Educators often use corporal punishment because it is a swift and readily available technique for controlling children. There is no scientific evidence to substantiate that corporal punishment has any long-term effect on changing behavior. In fact, research indicates that punitive techniques such as corporal punishment are, in the long run, both ineffective and counterproductive. The overwhelming conclusion in psychological and educational literature is that the use of corporal punishment on children has damaging consequences in terms of learning, motivation, and self-esteem. Corporal punishment does not educate, it only injures.

The use of corporal punishment teaches children several very negative and potentially dangerous messages: that violence is the way to solve problems; that it is acceptable to be hurt by someone who cares for you; and that it is okay, especially when you are angry, to hit someone smaller or less able to defend themselves. Research shows that these messages are internalized by those who inflict the pain, those who receive it, and those who witness it. Later in life, these children may allow themselves to be hit by spouses or may themselves be the aggressors as a result of their conditioning that such violence is acceptable. Very violent children are also frequently the recipients of corporal punishment at home, suggesting that abuse in turn begets further abusive behavior.

An argument frequently used in defense of corporal punishment is that educators need to use it to maintain order in the schools. This is simply not the case. Schools in many states

and cities have functioned for decades without resorting to physical punishment. New Jersey, for example, has not allowed corporal punishment since 1867! In a 1989 survey of Ohio school superintendents in districts banning corporal punishment, 12 behavior management practices were cited as working better than corporal punishment. In the majority of schools within these districts, the ban on corporal punishment did not lead to a worsening in student behavior. According to Metro, Tennessee data, in school districts where policy permits corporal punishment, children's behavior is often handled inconsistently. Some schools use it on more than half of the students, while other schools in the same district manage student behavior as effectively without resorting to physical violence. Obviously, corporal punishment is not a necessary tool for controlling students' behavior.

NASP advocates a positive, preventive approach to school discipline. Alternatives to corporal punishment which are short-range solutions (that can be implemented immediately) and long-range measures are necessary to accomplish this. School personnel, parents, and students should collaborate on the development of disciplinary policies. These should be applied appropriately and consistently in order to be effective. The primary goal of such policies should be the prevention of misbehavior rather than punishment after a problem has already occurred. A variety of classroom management techniques can be applied that help in the prevention of disciplinary problems. A few examples of these include:

- Structured classroom activities, with student input
- Clearly specifying rules at the beginning of the year and revising them as necessary
- Giving attention when students are acting appropriately
- Providing praise whenever possible
- Providing children with many opportunities to succeed
- Modifying curricula to meet the individualized needs of students so that they are sufficiently challenged but not overwhelmed

While it is recognized that prevention is the most effective approach to discipline, punishment is sometimes considered an appropriate response to a student's actions. Some alternative forms of punishment include:

- Removing adult and peer attention from the child
- Imposing natural consequences (e.g., washing desks for writing graffiti on a desk)
- Removing the student from the situation in which they misbehaved
- Requiring restitution in the form of time (e.g., after school detention) or property (replacing property that was broken)
- Removing privileges or desired activities

Children often trust that educators, whom they see as older, and presumably wiser, will act with their best interests at heart. Corporal punishment is never in the "best interest" of the child since it only leads to pain, fear, humiliation, and loss of self-esteem. Nor is corporal punishment effective or necessary in controlling classroom behavior; many non-violent and more effective alternatives exist. NASP urges your support for H.R. 1522 to prevent the continuing cycle of child abuse which is perpetuated through corporal punishment.

APPENDIX A

States Which Prohibit Corporal Punishment (including DC and Puerto Rico)

Alaska
California
Connecticut
District of Columbia
Hawaii
Iowa
Kentucky
Maine
Massachusetts
Michigan
Minnesota
Montana
Nebraska
New Hampshire
New Jersey
New York
North Dakota
Oregon
Puerto Rico
Rhode Island
South Dakota
Vermont
Virginia
Wisconsin

Major cities in states which permit corporal punishment have also prohibited the practice, including:

Albuquerque
Atlanta
Baltimore
Boulder
Charleston
Chicago
Cincinnati
Cleveland
Columbus
Dayton
Fort Wayne
Huntsville
Laramie
Little Rock
Miami
New Orleans
Philadelphia
Pittsburgh
Spokane
St. Louis
Topeka
Urbana
Walla Walla
Wichita

WRITTEN COMMENTS FROM MILAN REWERTS, INTERIM DIRECTOR, REGARDING COLORADO STATE UNIVERSITY COOPERATIVE EXTENSION'S CHILD-ABUSE PREVENTION PROGRAMS

Written Comments for U.S. House of Representatives Select Committee on Children, Youth and Families

Colorado State University Cooperative Extension, is the off-campus educational arm of Colorado State University with funding from federal, state and county governments.

Cooperative Extension takes Colorado State University to the people through off-campus offices located in 58 counties in Colorado. Through our statewide extension agent network, we help Colorado residents apply scientific knowledge on the job and at home and we provide access to university resources. The agents also carry residents' information needs back to the campus. This infrastructure model is present in all 50 states, plus Puerto Rico, Micronesia, Saipan, Northern Marianas and Guam.

Cooperative Extension programs are not limited to agriculture, as people often mistakenly assume. One of Cooperative Extension's national priorities is to strengthen families, youth and communities. We are a unique resource that is especially suited to be proactive in addressing the issue of child abuse prevention.

Our campus specialists respond to such priorities by gathering research from the entire land-grant university system, which our county Extension agents apply on the local level.

This substantial base of knowledge, coupled with our vast county network, provides Cooperative Extension with an excellent base for implementing high-impact programs and measuring behavior change to evaluate the quality of these programs.

In dealing with child abuse, Cooperative Extension does not duplicate social service intervention programs. Rather, it serves as a preventive-education partner with Colorado social service agencies. As you can see from the attached program list, we provide educational programs and support to prevent child abuse.

The current recession makes such preventive action even more important. When money is tight, family stress is increased and stress often leads to child abuse. We teach parents how to deal with stress, how to improve family and individual self esteem and how to address the financial problems that lead to stress and low self esteem.

Research shows that raising self esteem, understanding child development, and controlling stress are the best ways to prevent the types of problems that lead to child abuse.

What we do in programs, however, is limited by financial resources. Additional resources would improve the impact of existing programs, allow for the further implementation of additional programs and make the maximum use of Cooperative Extension's existing infrastructure.

Once again, thank you for the opportunity to share Colorado State Cooperative Extension's vision and concerns with the committee.

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PARTNERS IN PARENTING

Partners in Parenting is the newest Colorado State Cooperative Extension program offered for youth and their parents. The Partners in Parenting Resource Center and Clearinghouse loans books, pamphlets, brochures and video cassettes about parenting skills to parents, parenting groups and parenting professionals. These materials focus on prevention of alcohol and other drug use in children.

The Center's quarterly newsletter contains valuable information about parenting skills and how each skill relates to child abuse. This is a cooperative program with the Colorado Department of Health.

LITTLE LIVES NEWSLETTER

The Little Lives age-paced newsletter series for parents of newborn to 12-month-old children addresses the concerns and interests new parents have about the development of their child.

The purpose of the newsletter--designed for limited-resource, teen and minority parents--is to prevent child abuse and neglect. To this end, information relative to parental stress, child abuse and neglect is included in the newsletters.

The newsletter's mailing list is drawn directly from the new birth lists of county hospitals and delivered free of charge on a pilot basis in four counties.

YOUTH PROTECTION PROGRAM

The Youth Protection program starts with reference checks and screenings which are conducted prior to involvement on all prospective volunteers and employees involved to any degree in Colorado State Cooperative Extension youth programs, (4-H, Expanded Food and Nutrition Education Program, etc.).

In addition, all 11,000 volunteers and 150 Cooperative Extension agents and state specialists will be offered training to spot signs of possible child abuse, to make proper counseling referrals and to report suspected incidences to the appropriate authorities.

ON-SITE SCHOOL-AGE CHILD CARE (SACC)

Jefferson County Cooperative Extension helped design and implement the On-Site School-Age Child Care program that offers before- and after-school care for children at the school while their parents are at work. Programs typically run from 6:30 or 7 a.m. until the start of the school day and from the end of school until 6 p.m.

The difficulties of finding reliable, high-quality after-school care has been shown to be a major source of stress in families, stress that often can lead to child abuse.

The program provides supervised adult care that fully utilizes school facilities and allows students to take advantage of a wide variety of age-appropriate activities including arts and crafts, scouts, Odyssey of the Mind, neighborhood sports and

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arts programs, foreign language, special tutoring, computer classes, study hall and much more.

COLUMBINE CHILDREN'S CENTER

Extension was involved in the original planning and continues to serve on the advisory committee of this after-school child-care center. Luann Boyer, Home Economics/Youth Agent in Morgan County, also assists extensively in program efforts. 4-H provides a weekly program using volunteer and junior leaders and provides enrichment programs on full-day sessions. Luann also coordinated a summer day-care camp program that began this summer.

CREATING CONFIDENT KIDS

For more than a quarter of the children between six and 14 years old, self care is the only answer to high child-care costs or a lack of facilities. That's why the Creating Confident Kids newsletter was developed in 1988 by Colorado State University Cooperative Extension. The newsletter is designed to help parents prepare 4th and 5th graders to be in charge when home alone and to help parents cope with the stresses of parenting.

Issues covered include improving family communication, dealing with stress in the family and many other topics that help keep the family unit healthy.

Individual subscriptions are currently mailed to homes throughout the United States. Bulk orders are distributed in many Colorado schools, businesses and in several neighboring states.

NEW DIRECTIONS PROGRAM

The New Directions Program is designed to help women get off the public assistance cycle in Garfield County by attending school, on-the-job training, volunteering, etc. A series of 12 orientation workshops provides the women with training on how public assistance works, eligibility, relationships, goal setting, occupational counseling, community resources, etc.

COLORADO TASK FORCE ON FAMILY ISSUES

Dr. Ray Yang, Colorado State human development and family studies department head, is serving as vice-chair on the Colorado Task Force on Family Issues that is addressing child abuse as its first issue. This Task Force was established during the last Colorado legislative session by Senate Bill 16.

FAMILY REINTEGRATION PROGRAM

Sylvia Allen, retired home economics agent, coordinated this program in Summer 1991 that worked with female prison inmates. Ten classes worked on teaching the inmates skills that would lead to a smoother reintegration with society and their families once they left prison. Lesson plans covered self discipline, stress management and time management, all problem areas that lead to child abuse in the home. Pre- and post-tests showed an average 15 percent knowledge gain over the ten-week course.

Cooperative Extension is a member of the consortium of agencies that are creating and implementing this program.

DARE TO BE YOU

DARE to be You is a unique prevention program offered through Colorado State University Cooperative Extension. It builds on existing community resources to help teachers, parents and key teens reach youths who use alcohol and tobacco and other drugs; drop out of school; suffer from depression; or become pregnant.

Parents and representatives from community organizations learn to use the DARE to be You curriculum. It offers strategies to work with youth of all ages.

The acronym, DARE, suggests basic prevention strategies:

- D **Decision-making** abilities
- A **Assertiveness** in dealing with peer pressure/good communication skills
- R **Self-Responsibility**, positive role models
- E **Self-Esteem**, establish strong family support systems

Another DARE program, in the San Luis Valley, targets the Ute Mountain Ute Indian Reservation. This program provides training for parents of preschool children who are often considered at risk because of social environment and lack of availability of services due to income level or family history. While the parents learn the basic DARE concepts, children receive free day care and are taught the same skills and given meals and snacks. AFTER-DARE support also is provided.

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